



**FOREIGN
BROADCAST
INFORMATION
SERVICE**

JPRS Report

Epidemiology

This report may contain copyrighted material. Copying and dissemination is prohibited without permission of the copyright owners.

Epidemiology

JPRS-TEP-94-016

CONTENTS

27 October 1994

INTERNATIONAL

- Greece Protests Bulgarian Import Ban After Hoof-and-Mouth Outbreak 1

AFRICA

REGIONAL AFFAIRS

- West/Central/East Africa Health Reports 2-24 August 2
Southern African Health Report 15-21 August 3
Southern African Health Report 22-28 August 3

MALAWI

- Ten Percent HIV-Infected; 30,000 AIDS Cases 3

RWANDA

- Meningitis Epidemic Reported at Camp Near Goma 4

ZAIRE

- Dysentery Claims 500 Rwandan Refugees Daily; 43,000 Deaths Since June 4

ZIMBABWE

- Up to 25 Percent Pregnant Women HIV Positive 4
Newcastle Outbreak Confined to Communal Poultry Flocks 5

CHINA

- Cholera Outbreak in Shanghai Kills Seven 6

EAST ASIA

JAPAN

- Education Ministry To Start AIDS Information Network 7

LAOS

- Malaria Cases Reported in Sekong Province 7

MACAO

- Health Department Releases Latest HIV Statistics 7

PHILIPPINES

- HIV Infection Increases in Pasay City 7
Drug-Resistant Tuberculosis Noted in Manila Hospitals 8

THAILAND

- Health Official Reports Workforce AIDS Statistics 8
Extent of AIDS in Chiang Rai Discussed 8
RED Cross AIDS Expert Views New Strains 9
Kanchanaburi Governor Reports AIDS Figures 9

Lampang AIDS Deaths Reported	9
Official Warns Public on Herbal AIDS Treatment	9
Sisaket Province Dengue Fever Incidence	10
Lampang Disease Incidence Reported	11

EAST EUROPE

BULGARIA

AIDS Laboratory Chief Reports 30 Deaths	12
---	----

CZECH REPUBLIC

Republic Reports 50 AIDS Cases	12
--------------------------------------	----

LATIN AMERICA

REGIONAL AFFAIRS

Central American Health Report Through 19 August	13
South American Health Report Through 19 August	13
Southern Cone Health Report Through 19 August	13

BRAZIL

AIDS Epidemic Spreads to Rio Interior	14
Status of Dengue Outbreak in Ceara, Rio Surveyed	15
One Death Daily in Ceara	15
Thirty-Three Rio Districts Infested	16
Health Officials Step Up Efforts	17
Dutch Consul in Ceara Infected	17
Study Shows Leprosy Cases Doubled in 10 Years	17

ECUADOR

Malaria Incidence; Eradication Plan Discussed	18
Minister Discusses Measles Vaccination Program	19

NICARAGUA

Tuberculosis Outbreak Reported	20
--------------------------------------	----

NEAR EAST/SOUTH ASIA

AFGHANISTAN

Ministry Denies BBC Report on Outbreak of Cholera in Kabul	22
--	----

INDIA

Papers Report on Rise in AIDS Cases	22
HIV World Record; AIDS Asia Record	22
Calcutta Red Light Areas	22
Bihar Hit by Wave of Cholera; Viral Diarrhea	23
Uttar Pradesh Gastroenteritis Incidence Rises	24
Gastroenteritis, Cholera Claim 995 in Uttar Pradesh	24
About 3,000 People Die From Gastroenteritis in Bihar	24
Tribal Population Reported To Lack Primary Health Care	24
Maharashtra Health Minister Cites Disease Statistics	25
Rise in Deaths From Enteric Diseases in Uttar Pradesh	25
Papers Report on Spread of Malaria	25
Cases in Bombay	25
Spread in Jalpaiguri	26
Hospitals Infecting Patients With New Diseases	26

PAKISTAN

Study Reveals 57 Percent Increase in Karachi Cholera Cases	27
--	----

CENTRAL EURASIA

REGIONAL AFFAIRS

Possible Outbreak of Cholera in Petersburg	29
Cholera Threat Eclipses Danger of War in Chechnya	29
Unconfirmed Reports of Cholera in Chechnya	30
Cholera Spreading in Dagestan	30
Cholera Vibrio Detected in Voronezh Oblast	30
Government Accused of 'Total Inaction' on Cholera Problem	30
Cholera Epidemic Continues in Dagestan; Moscow Still Clear	31
Cholera Affects 553, Kills 17 People in Dagestan	31
Cholera Reported in Chechnya	31
Cholera Epidemic Causes Concern; New Instrument Designed	31
Cholera Spreading Across Region	32
Cholera Spreading in Dagestan; Cases in Kalmykia, Vladimir	32
More Cholera, Anthrax Cases Reported in Kalmyk Republic	32
Four Deaths; 28 Cases of Cholera in Chechnya;	33
Government Adopts Decision on Dagestan Cholera	33
Cholera Situation in Daghestan Updated 24 August	33
Fourteen Cholera Cases Registered in Moscow	33
Cholera Situation Around Country Reviewed	33
Cholera Quarantine Measures in Dagestan 'Sufficient'	34
Dagestan Acts To Localize Cholera Outbreak	34
Roundup on Infectious Diseases in Russia, Ukraine	34

RUSSIA

Vadim Pokrovskiy Interview on AIDS Situation	35
Conference Views FSU Sickness, Mortality Trends	37
Infectious Diseases Spreading Throughout Regions	38
Outbreak of Anthrax Among Servicemen in Voronezh	38
Seventeen Hospitalized With Anthrax	38
Tuberculosis Rises Sharply in Maritime Kray	38
Water- and Food-Borne Diseases on Rise	38
Orenburg Fights Itch Mites	40
Epidemiology Committee Chairman Comments on Disease Trends	40
Novosibirsk Works on Hepatitis Control	41
Adults Predominate Among Novgorod Diphtheria Victims	42
Diphtheria in Komi Republic Kills Two	42
Officials Discuss Health Problems	43
Iodine-Deficiency Diseases Rise in Moscow Area	44
Venereal Clinic Doctor Analyzes Syphilis Incidence	45
Regional Conferences Urge Health, Ecology Measures	46
Siberia	46
Northern Regions	47
Infectious Disease on Rise in Petersburg	48
Interview With Academician Domaradsky on Epidemics	49
Tajik Refugees Bring Risk of Lice-Borne Diseases to Yekaterinburg	49
Tropical Disease Detected in Siberia	50

ARMENIA

Measures Against Diphtheria Successful; No Cholera Cases	50
Ministry Reports Three Cases of Anthrax	50

GEORGIA

First Case of Cholera Registered; TB Spreading	50
--	----

UKRAINE

Eight HIV Cases in Donetsk	51
Second AIDS Case Registered in Simferopol	51

UZBEKISTAN

Supply of Medicines Critical in Republic	51
--	----

WEST EUROPE

CYPRUS

Health Minister Denies Media Reports of Epidemics	52
---	----

DENMARK

AIDS Figures Published; Too Few EU Funding Requested	52
New Fund for Helping Children With HIV	52

GERMANY

Revolutionary Testing Equipment Seen Applicable to HIV Detection	53
--	----

TURKEY

Deaths From Cholera Reported in Southeast	53
Government Accused of Covering Up Cholera Epidemic	53
WHO To Investigate Cholera Cases	54
Head of Doctors Syndicate Says 500 Cholera Cases in Ankara	54
Health Ministry Denies Any Cholera Cases	54
Health Minister Denies Incidence of Cholera; Announces New Hospital	54

Greece Protests Bulgarian Import Ban After Hoof-and-Mouth Outbreak

AU2608144194 Sofia Khorizont Radio Network in Bulgarian 1300 GMT 26 Aug 94

[FBIS Translated Excerpts] Ioannis Xanthopoulos, Greece's deputy minister of national economy, has protested sharply to the economic counselor at the Bulgarian Embassy in Athens [name not specified], BTA reports, citing the Voice of Greece radio station.

The protest is related to the outbreak of foot-and-mouth disease and the subsequent ban imposed by the Bulgarian Government on the import of dairy products from Greece and their transit through Bulgaria.

The Greek deputy minister demands that Bulgarian policy in this matter conform to European Union requirements and that the ban on transit through Bulgaria of Greek dairy products for Russia, Romania, Ukraine, and other countries, among which there is not a single state that belongs to the European Union, be lifted.

We asked Dr. Todor Aleksandrov, general director of the National Veterinary Medical Service, to state the Bulgarian position on the issue: [begin Aleksandrov recording]

Aleksandrov: The Republic of Bulgaria strictly observes the requirements of the European Union. [passage omitted]

Regarding the question posed by the Greek side, namely, why a ban on the import and transit of Greek dairy products through Bulgarian territory was imposed, we categorically state that we are observing the instructions of the European Union. At present, when the outbreak of hoof-and-mouth in Greece is still increasing and there are more than 80 centers of the disease we cannot, in terms of our professional and national responsibility, lift the ban and meet Greece's wishes. We are strictly observing European Union regulations and working in a professional manner, and thus at present no alteration to the ban imposed by Minister Tanev is possible. [end recording]

REGIONAL AFFAIRS

West/Central/East Africa Health Reports 2-24 August

AB2608082594

[FBIS Editorial Report] The following is a compilation of disease reports monitored from FBIS Abidjan Bureau and EAU coverage areas from 2 to 24 August. Source information is given in parentheses after each item.

Benin

AIDS—A seminar on AIDS awareness which was organized by hotel and nightclub owners ended in Cotonou today. The latter are intent on checking the spread of the disease. Hotels pledged to place condoms and posters discreetly in hotel rooms to create more awareness. Last year, 742 AIDS cases were recorded, and there are over 50,000 HIV positive cases in the country. (Cotonou Office de Radiodiffusion-Télévision du Bénin Radio in French 1930 GMT 24 Aug 94)

Chad

Cholera—The cabinet met yesterday to discuss the current cholera outbreak in Ndjamen. The ministers decided to take adequate health measures to contain the disease as well as fully inform the public on hygienic steps to be taken. The health minister disclosed that 79 cases were recorded between 17 and 23 August, four of whom died.

The measures to be implemented immediately include the restoration of the permanent commission on the prevention of socio-sanitary crises, and the rehabilitation of hospitals which deal with the disease. (Njamena Radiodiffusion Nationale Tchadienne Radio in French 1900 GMT 24 Aug 94)

Ethiopia

Dysentery—Seventeen people have died due to the recent dysentery outbreak in (Gewata) District in (Keficho) zone, southern Ethiopia administrative region. According to the region's information bureau, it is proving impossible to help the dying victims due to lack of transportation and medicine. (Addis Ababa Voice of Ethiopia National Service in Amharic 1000 GMT 18 Aug 94)

Ghana

Tuberculosis—The DAILY GRAPHIC and the GHANAIAAN TIMES report that at the 40th annual general meeting of the Ghana Society for the Prevention of Tuberculosis, President Rawlings expressed concern about the upsurge of the disease in the country. He urged the government, private organizations, and individual to join efforts to fight the disease. According to the papers, a health official at the Korle Bu Teaching Hospital disclosed that as at 1993, more than 74,000 people were

suffering from tuberculosis, including 1,841 children. The papers called for better public education on the disease as well as the implementation of effective measures to combat the disease. (Accra Ghana Broadcasting Corporation Radio Network in English 0600 GMT 22 Aug 94)

Malawi

AIDS—Malawians have been warned that if the spread of the AIDS pandemic is not effectively checked it will pose a threat to the nation's very existence. The warning was sounded by the state vice president, the right Honorable Justin Malewezi, at the Kwacha International Conference Center in Blantyre today when he opened a day-long national conference on the AIDS crisis in Malawi.

Mr. Malewezi observed that by March this year nearly 1 million men, women, and children were HIV positive. He said what is more disturbing is that most of those affected are in the economically productive sector of the population. Malewezi said since there is still no vaccine or cure, it is imperative that emphasis should continue to be directed on behavioral change.

He said on its part the government will continue supporting the AIDS control program in partnership with nongovernmental organizations, the private sector, and donor agencies. Mr. Malewezi said for these efforts to be successful it is important to mobilize efforts to sensitize people to the plight of the AIDS pandemic.

And, in his remarks, the minister of health and environmental affairs, Dr. George Mtafu, expressed the hope that the government will support efforts aimed at checking the spread of the killer disease, AIDS. (Blantyre Malawi Broadcasting Corporation Network in English 1600 GMT 8 Aug 94)

Niger

Cholera—The NIGER PRESS AGENCY disclosed today that 17 people died during the recent cholera epidemic in the Tanout region. In all, 152 people contracted the disease, which now seems to have been brought under control. The press agency further stated that 46 people died in 20 villages in the same region of "ordinary diarrhea" caused by malnutrition and lack of health care. (Paris AFP in English 1501 GMT 19 Aug 94)

Nigeria

Cholera—"The Kaduna state government has intensified efforts to combat the outbreak of cholera in parts of Zaria." The state's health commissioner told reporters in Zaria "that 1.2 million naira had so far been spent on anti-cholera vaccines and oral rehydration therapy. He also said public health education was the most effective way of checking the outbreak and spread of the epidemic." (Lagos Radio Nigeria Network in English 0600 GMT 2 Aug 94)

Sierra Leone

Cholera—Around 50 people are now believed to have died in a suspected cholera outbreak in the west African state of Sierra Leone, health officials in Freetown said Tuesday. Twenty-two deaths were reported in the last few days, including two in Freetown itself and 15 in the north of the country around the Yelibuya peninsula, about 50 kilometres (30 miles) north of Freetown. A refugee camp for Liberians near the capital has also been hit, with five reported dead in recent days. An extensive treatment programme is underway in the affected areas.

The outbreak was first reported around three weeks ago and follows cholera epidemics in several other west African states, among them Ivory Coast and Sierra Leone's two immediate neighbours, Guinea and Liberia. (Paris AFP in English 1633 GMT 23 Aug 94)

Uganda

Malaria—Some 200 people have died of malaria in Uganda's southwestern border district of Kabale, THE NEW VISION newspaper reported today. "The deaths occurred in June and July," the Kampala daily said, quoting a survey carried out by the World Vision, a nongovernmental organization involved in community health programs.

The Kabale District medical officer, Dr. Justice Katungu, admitted that people were dying following an outbreak of malaria in the area two months ago, but said he had not received any medical reports from up-country health units to confirm the number of the dead. He said he was aware that there were no drugs in health centres and hospitals and that most patients were being forced to seek treatment elsewhere. The World Vision on 3 August dispatched an assortment of drugs and other equipment to the area to contain the situation.

On Sunday the Ministry of Health confirmed an outbreak of malaria in most parts of Uganda particularly in the four highland districts of Kabale, Rukungiri, Mbarara, and Bushenyi in the western region of the country. (Nairobi KNA in English 1650 GMT 5 Aug 94)

Zaire

Sleeping sickness—Nearly 2,900 new cases of sleeping sickness have been reported in the Masi-Manimba district, Bandundu region, where an official of Tropical Medical Fund, a Belgian health sector cooperation organization, says it is on the rise, particularly within the Lukula River basin. The (Kizenzengo) area alone accounted for 207 cases out of the total number recorded. (Kinshasa Voix du Zaire in French 1800 GMT 10 Aug 94)

Southern African Health Report 15-21 August

MB2108191494

[FBIS Editorial Report] Following is a compilation of reports monitored by FBIS Mbabane Bureau from 15 to

21 August concerning outbreaks of and reports on various diseases. Items are listed by country and disease. Source follows each item.

South Africa

Mystery Virus—"A mysterious virus in the northern Cape town of Aliwal North has claimed its first victim. Our Bloemfontein staff reports that an unnamed patient has died of the disease. The virus has also left six other paralyzed. Doctors have not yet been able to establish the cause of the disease, and an emergency meeting has been called by the Universitas Hospital management team." (Johannesburg Radio South Africa Network in English 1600 GMT 19 Aug 94)

Southern African Health Report 22-28 August

MB2808193794

[FBIS Editorial Report] The following is a compilation of reports monitored by FBIS Mbabane Bureau from 22 to 28 August concerning outbreaks of and reports on various diseases. The items are listed by country and disease. The source follows each item.

Mozambique

AIDS—"Statistics say that there are 200,000 people infected with HIV in Mozambique. There are about 180 AIDS patients, but health officials note that the figures do not reflect the reality in the country." (Maputo TVM Television Network Portuguese 1800 GMT 24 Aug 94)

Namibia

AIDS—"The number of confirmed AIDS cases in Namibia has risen from just 4 in 1986 to 8,184 this year. These shocking statistics were revealed by the health minister in Windhoek on Friday. According to the minister, the number of AIDS cases is quickly approaching the 9,000 mark." (Windhoek DIE REPUBLIKEIN in Afrikaans 22 Aug 94 p 3)

MALAWI

Ten Percent HIV-Infected; 30,000 AIDS Cases

94WE0413A Blantyre DAILY TIMES in English
28 Mar 94 p 3

[FBIS Transcribed Text] Malawians youths should be properly guided against HIV/AIDS to reduce its transmission, the Assistant District Commissioner for Lilongwe, Mr. Philimon Munthali, said last week.

Opening a two-day seminar on HIV/AIDS prevention for youth at Mponela attended by Lilongwe DDC [expansion not given] members, University of Malawi and GNOs [expansion not given], Mr. Munthali said there is need to solicit support and strengthen activities aimed at HIV/AIDS prevention for the youth.

This report may contain copyrighted material. Copying and dissemination is prohibited without permission of the copyright owners.

"Share the challenge AIDS has posed on government and non-governmental organisations with youth in focus towards an AIDS free generation," he told the seminar which was funded by Unicef-Malawi.

Mr. Munthali said HIV prevalence is rising every year with 10 per cent of the Malawi population HIV infected and AIDS cases recorded at 30,000.

Meanwhile, Unicef has announced in Lilongwe that the Australian government, through Australian International Development Assistant Bureau (AIDAB) and the Australian National Committee for Unicef, have donated U.S.200,000 dollars per year for three years to support the HIV/AIDS prevention through information and education for youth project.

The project will be for Lilongwe and Blantyre on a pilot basis and is integrated with Unicef-Malawi's other assistance organisation to the national AIDS control programme of the government of Malawi.

A press release said the over all aim is to raise awareness among government departments and NGOs that HIV prevention is not the responsibility of the Ministry of Health alone but all sectors are required to play an active role and make a commitment to HIV prevention, especially the Malawi's youth, who are the future leaders of the nation.

"The short term objective is to establish mechanism to integrate and co-ordinate HIV prevention activities at district and community levels and to mobilise existing services and resources for HIV prevention and care activities," said the press release.

RWANDA

Meningitis Epidemic Reported at Camp Near Goma

LD1808202594 Brussels La Une Radio Network in French 1600 GMT 18 Aug 94

[FBIS Translated Excerpts] In Rwanda, the new authorities want to occupy the humanitarian zone created by the French in the southwest of the country. [passage omitted]

This decision will not be welcome by the 1,000,000 refugees—most of them Hutu—who are occupying this humanitarian zone. This could lead to a fresh exodus to Zaire. French military sources say that nearly 20,000 people crossed the border with Zaire today. However, nearly 8,000 Rwandans went the other way, returning to their country.

Another worrying piece of news: A meningitis epidemic has broken out in a refugee camp near Goma. Eighty cases have been registered in a camp of 200,000 refugees. According to the UNHCR, there could still be 500 deaths in that camp every day.

ZAIRE

Dysentery Claims 500 Rwandan Refugees Daily; 43,000 Deaths Since June

AB2608133894 Paris AFP in English 1311 GMT 26 Aug 94

[Article by Christian Spillmann]

[FBIS Transcribed Excerpts] Goma, Zaire, Aug 26 (AFP)—Dysentery and child diseases are still killing about 500 people each day in Rwandan refugee camps around Goma in eastern Zaire, the United Nations and relief agency staff said Friday [26 August].

Staff of the UN High Commissioner for Refugees (UNHCR) estimate that almost 43,000 people have died of epidemics and malnutrition since they first began arriving in Goma two months ago, fleeing ethnic carnage. "The death rate has declined considerably in treatment centres installed in the camps," Michel Engelbert, a Doctor with the Belgian wing of *Medicins sans Frontieres* (MSF; Doctors without Borders), said. "But many people refuse or are too weak to come to us and they die in their huts," he added. [passage omitted]

ZIMBABWE

Up to 25 Percent Pregnant Women HIV Positive

94WE0412B Harare THE HERALD in English 1 Jul 94 p 3

[FBIS Transcribed Text] Up to a quarter of pregnant Zimbabwean women are believed to be HIV positive, while the average life expectancy in Sub-Saharan Africa will probably drop 14 years by 2010.

A Zimbabwe AIDS Information Network Co-ordinator, Ms Helen Jackson, said in Harare yesterday that about 25 percent of pregnant women in the country were HIV positive, and the figure in some other Third World countries was higher.

Since the pregnant mothers and some of their children were going to die of AIDS, life expectancies would drop from 62 to 48 by early next century, according to statistics published by the World Health Organisation.

Statistics released by the Central Statistical Office showed that 25 percent of pregnant women in urban areas were HIV positive, 20 percent in growth points, 22 percent in commercial areas, 17 percent in mining areas and 19 percent in rural areas.

While HIV pandemic was not expected to reduce the world population significantly, the increase in younger women becoming infected would change sex ratios and lead to populations with more men than women.

Women are more likely to be infected in a single sexual encounter with an infected partner than men.

This report may contain copyrighted material. Copying and dissemination is prohibited without permission of the copyright owners.

"AIDS may or may not cause significant population decline, its main impact in the region will be felt on population structure through a changing sex ratio," Ms Jackson said.

A younger adult population and a worsening dependency ratio was to result as huge numbers of children were being orphaned by the plague and the working class was also fast depleting.

Ms Mehlomakulu from the National AIDS Coordinating Programme, confirmed that life expectancy would definitely drop but could not give figures.

The estimated adult HIV infections worldwide have topped 14 million, of which nine million are in Sub-Saharan Africa, Ms Jackson said.

Newcastle Outbreak Confined to Communal Poultry Flocks

94WE0412A Harare THE HERALD-BUSINESS
HERALD in English 30 Jun 94 p 1

[Article by Supa Mandiwanzira: "Ministries Called on To Help Break Poultry Export Ban"]

[FBIS Transcribed Text] The recent ban on Zimbabwean poultry products into Zambia should be negotiated at ministerial level if exports to that country are to be resumed, the Director of the Department of Veterinary Services, Dr Stuart Hargreaves, said on Tuesday.

In an interview with BUSINESS HERALD, the director said Zambia was not likely to lift the ban, effected more than two weeks ago, unless there was ministerial intervention. Zambia is a significant market for local poultry products and millions of dollars may be lost in foreign currency earnings.

"I feel there is need by the Ministry of Industry and Commerce and the Ministry of Foreign Affairs to take up the issue with the Zambian authorities before we can export to that country again," he said.

Lusaka has said "no" to all imports of poultry products from Zimbabwe after an outbreak of Newcastle disease in some parts of Masvingo. The move has frustrated the poultry industry and is likely to influence other importers to follow suit.

Dr Hargreaves said no response had been received from Zambia after the Department of Veterinary Services approached various authorities in that country for the resumption of exports.

The department had made representation to the Zambian Veterinary and Tsetse Control Services and the Zambian Farmers' Union.

Poultry producers have been riled by the Zambian ban on Zimbabwean chicken mostly because the Newcastle outbreak has been confined to communal flocks, which are not expected.

Dr Hargreaves said the disease, despite another outbreak in Zimuto, had not affected commercial farmers. The department was taking all necessary measures to avoid further outbreaks.

As of Tuesday, he said 96,000 chickens in Ndanga, the first area of the outbreak, had been vaccinated by 136 vaccinators who have been deployed in the area. "We will finish vaccinating the flock in Ndanga within the next two weeks."

He appealed to the public to the affected areas to keep their flock static for the next two months "so that we are able to eradicate the disease completely."

Cholera Outbreak in Shanghai Kills Seven

HK2408064894 Hong Kong *SOUTH CHINA MORNING POST* in English 24 Aug 94 p 7

[Article by Geoffrey Crothall in Shanghai]

[FBIS Transcribed Text] China's largest city, Shanghai, has been hit by an outbreak of cholera which has claimed at least seven lives and infected about 200 others, according to doctors in the city.

The outbreak has been largely confined to shanty towns on the outskirts of the city occupied by migrant labourers. But some doctors fear it could spread to the rest of the city unless preventive measures are taken immediately.

"Cholera can spread very quickly, especially in densely populated areas like Shanghai so we need to control this outbreak right away," a doctor at one of city's main hospitals said. However, the municipal government appears to have done little to control the potentially fatal disease. There have been no public announcements of the outbreak and doctors have reportedly been told not

to inform patients that they are suffering from cholera, known as "Number Two disease".

There have been unconfirmed reports that the city is considering demolishing some of the migrant labourer neighbourhoods where the disease is prevalent. Sanitation in these neighbourhoods is poor and people live close to each other, making the area an ideal breeding ground for cholera, doctors said.

The Shanghai Public Health Bureau yesterday refused to comment on the outbreak or government plans to control it. Despite the official secrecy, news of the outbreak is common knowledge in Shanghai. Most people are not over-concerned, claiming that if individuals take the right precautions they will not be affected.

Shanghai residents are used to epidemics of infectious diseases such as hepatitis and are generally familiar with the precautions necessary to avoid infection.

Some doctors fear Shanghai residents are being too complacent about the disease, thinking it only affects migrants.

JAPAN

Education Ministry To Start AIDS Information Network

OW2508042094 Tokyo KYODO in English 0308 GMT 25 Aug 94

[FBIS Transcribed Text] Tokyo, Aug. 25 KYODO—The Education Ministry will set up a national AIDS database and computer network as an aid to teachers and students studying the problems of the deadly disease, officials said Thursday [25 August].

The ministry will establish the network and database over the next three years. Teachers will be able to obtain information about AIDS using personal computers, ministry officials said.

The Japanese Society of School Health, a Tokyo-based body affiliated with the ministry, will coordinate the project.

Elementary, junior high and senior high schools in the nation's 47 prefectures will have access to the network and database.

The database will provide teachers with basic information on AIDS, numbers of AIDS patients in Japan, and examples of education programs being conducted in school systems.

The network will offer an electronic bulletin board or interactive communication system with which teachers will be able to exchange ideas about fighting the world AIDS epidemic.

The Education Ministry is seeking a budget of 30 million yen for the program in fiscal 1995, which begins next April, officials said.

The ministry has supported AIDS education since fiscal 1992 through such measures as providing teachers with manuals and other printed materials.

But teachers have asked for examples of actual AIDS education programs conducted at schools in different prefectures, officials said.

LAOS

Malaria Cases Reported in Sekong Province

BK3008134594 Vientiane KPL in English 0942 GMT 30 Aug 94

[FBIS Transcribed Text] Vientiane, August 30 (KPL)—Since early July, the hospital of the southern Sekong Province has taken in 250 patients—of whom 174 suffer from malaria. Among the patients, three who were children under one have died of the disease.

In Dakchung District, medical personnel of the district hospital, in the first half of this year, detected 89 cases out of the total 220 undertaking blood test positive to malaria.

MACAO

Health Department Releases Latest HIV Statistics

OW3008141894 Beijing XINHUA in English 1052 GMT 30 Aug 94

[FBIS Transcribed Text] Macao, August 30 (XINHUA)—A total of 81 HIV carriers have been detected in Macao since 1986, according to the latest statistics released by the Public Health Department of the Macao Government.

By now, seven of the HIV carriers have died since the first HIV patient was found in Macao in 1986.

Macao is a famous tourism city which attracts hundreds of visitors each year, but the Macao Government has never carried out health tests on visitors before they enter into Macao.

Now, the Macao Government stipulates that foreign laborers in Macao should receive regular health tests to prevent the spread of AIDS.

PHILIPPINES

HIV Infection Increases in Pasay City

BK2608060894 Manila MANILA STANDARD in English 24 Aug 94 p 7

[FBIS Transcribed Text] A recent survey of female sex-workers (FSWs) in Pasay City clubs and sauna bath establishments has shown an HIV (human immunodeficiency virus) infection rate of 20 HIV infections per 1,000 FSWs.

The HIV causes the dreaded Acquired Immunodeficiency Syndrome (AIDS), which may be transmitted through sexual intercourse, tainted blood, and from mother to child. There is no cure for AIDS, and the female sex workers are among those at high risk of getting HIV infections and AIDS, as well as transmitting the disease to other people.

The survey conducted by the Department of Health Field Epidemiology Training Program (DOH-FETP) has revealed a marked rise in HIV infection rates among FSWs in the same area since 1992. The U.S. Naval Medical Research Unit (NAMRU) No. 2 Detachment had conducted a similar survey in Pasay City in 1992, and the rate of infection by the HIV at that time was five per 1,000 FSWs.

Also included in the survey was the frequency of condom usage among FSWs. According to the survey, 83 percent of FSWs claimed to use condoms regularly, but only 81

percent of FSWs had used condoms the last time they had sex. The most common reasons why FSWs do not use condoms are:

- 1) they were having sex with their boyfriends (38 percent);
- 2) customers do not want to use condoms (21 percent);
- 3) they are having sex with a regular customer whom they trust (six percent).

With the regular customers, only 50 percent of FSWs used condoms regularly. The survey also revealed that in Pasay City, 47 percent of FSWs feel that they are at risk of HIV infection.

The survey further shows that the most common source of information on the correct way to use a condom is the City Health Officer (CHO), from whom 70 percent of the FSWs got their data. The next source of information is the print media, used by 10 percent of FSWs to learn how to use condoms. Peers, customers, and private NGOs (nongovernment organizations), each contributed to the knowledge of six percent of Pasay FSWs on proper condom use.

Drug-Resistant Tuberculosis Noted in Manila Hospitals

BK2508114394 Manila PHILIPPINE DAILY INQUIRER in English 23 Aug 94 p 6

[Report by Bobby Timonera]

[FBIS Transcribed Text] A "very high" number of drug resistant tuberculosis have been noted in Metro Manila hospitals lately, according to a top pulmonologist.

Dr. Camilo Roa Jr., head of the newly formed Philippine Coalition against TB, said that multi-drug resistant cases have been observed at the Quezon Institute, Lung Center of the Philippines, and the Philippine General Hospital [PGH], among other hospitals.

The latest study, conducted at the PGH early this year, showed that 38 percent of TB cases were resistant to Isoniazid, 37 percent to Ethambutol, 29 percent to Rifampicin, and 14 percent to Streptomycin.

Roa said that the "alarming" rate of drug resistant cases was due mainly to self-medication and the easily available, over-the-counter anti-TB drugs.

He also noted that TB cases in the Philippines are still so widespread that the country now ranks third worldwide, with 280 infected persons per 100,000 population.

The Philippines, too, ranks highest in mortality rate due to TB in the Western Pacific region with 42.9 deaths per 100,000.

Data from the Philippine Tuberculosis Society also show that TB is currently ranked as the country's fourth top killer disease.

THAILAND

Health Official Reports Workforce AIDS Statistics

94WE0375A Bangkok DAO SIAM in Thai 4 Jul 94 p 3

[FBIS Translated Excerpts] Mr. Soemsak Karun, the deputy minister of labor and social welfare, presided at the opening of a seminar on AIDS prevention in the workplace. [passage omitted]

On this occasion, Mr. Soemsak told reporters that the AIDS problem is an important problem. The government is urging all units to take action to stop the spread of this disease. Today, about 500,000 people in Thailand have the AIDS virus. Approximately 6,000 people have received treatment. Of those who have received treatment, more than 2,000, or approximately 38 percent, are laborers. The Ministry of Labor is taking steps to provide people in the workplace with information about AIDS. We want workers to be aware of the danger, and we want to enable them to protect themselves from this disease.

Extent of AIDS in Chiang Rai Discussed

94WE0375D Bangkok NAEON in Thai 8 Jul 94 p 30

[FBIS Translated Excerpt] Dr. Udomsin Sisaengnam, the deputy minister of public health, presided at a meeting held by the Lan Na Association on the topic "How Can the People of Chiang Rai Solve the AIDS Crisis?" The meeting was held several days ago at the Little Duck Hotel in Chiang Rai Province. The meeting was attended by government officials, state enterprise officials, subdistrict chiefs, village headmen, community leaders, people from private organizations, representatives from provincial AIDS committees, monks, priests, and reporters. Altogether, about 800 people attended the meeting.

At the meeting, Mr. Khamron Bunchaet, the governor of Chiang Rai Province, presented a report on the AIDS situation in Chiang Rai Province. He said that at present, there are 2,378 cases of AIDS in the provinces, and 667 people have died. At least two to three people are dying each day. From a survey conducted among prostitutes, it was found that 30 percent have the AIDS virus. Also, 8 percent of the pregnant women have the virus. This disease is spreading to various villages, and many people are contracting the disease. Most of these are younger people who are the main strength of their families. Once they become ill, their families lack money, and they have to spend their money on medical treatment. AIDS is causing many economic problems. Children become orphans when their parents die of AIDS.

The deputy minister of public health, Dr. Udomsin Sisaengnam, said that Thailand now has approximately 600,000 people with the AIDS virus. Of these, more than 10,000 have serious symptoms. More than 55 percent live in six northern provinces, with about half of these

living in Chiang Rai Province. This is very alarming. This crisis can be compared to a war between humans and a virus for which there is still no cure. [passage omitted]

RED Cross AIDS Expert Views New Strains

94WE0375E Bangkok SIAM RAT in Thai 10 Jul 94
p 2

[FBIS Translated Text] Dr. Praphan Phanuphak, the director of the Thai Red Cross AIDS Project, said that during the past 1-2 years, doctors have discovered three strains of the AIDS virus in Thailand. Those are the B strain, which is prevalent among drug addicts, the E strain, which is prevalent among heterosexuals, and the MN strain, which is prevalent among homosexuals.

Dr. Praphan said that the E strain of the AIDS virus has never been found in any country except Thailand. This is thought to be a new strain. It is called the "Thai strain." It can be seen that medical officials have clearly mentioned the spread of the AIDS strain prevalent among heterosexuals. However, no one has talked about the AIDS strain prevalent among homosexuals, which is another group susceptible to contracting the AIDS virus.

From blood samples taken from homosexuals with the AIDS virus, Miss Siwimon Ubonyaem, who is studying for her M.A. degree in microbiology in the Faculty of Medicine, Chulalongkorn University, found that the AIDS strain in the homosexuals with the AIDS virus was neither the B nor the E strain. She found that 77 percent were infected with the North American (MN) strain.

The director of the Thai Red Cross AIDS Project said that this research was conducted with Professor Kenji Oduka from Yokohama University in Japan under the direction of Dr. Kiet Rakrungham and himself. This study will be important in developing suitable vaccines for use in each group. These data have been provided to the World Health Organization.

Kanchanaburi Governor Reports AIDS Figures

94WE0375C Bangkok MATICHON in Thai 11 Jul 94
p 23

[FBIS Translated Excerpt] Mr. Nat Siwihok, the governor of Kanchanaburi Province, stated that he recently called a meeting of the Kanchanaburi Provincial AIDS Control Committee in order to gather ideas on how to stop the spread of this disease. At present, 5,000 people in various occupations have the AIDS virus. Of these 130 have AIDS-related symptoms and 30 have died. Fifty percent of the prostitutes have the AIDS virus. That means that one out of every two prostitutes has the AIDS virus. In Tha Muang District, there are 19 people with AIDS, and in Tha Maka District, there are 18. This is followed by Muang District. No cases have been reported in Lao Khawan District. Statistics show that of the children born in hospitals in Kanchanaburi District, 5 percent have the AIDS virus. Those in the 25-40 age

group have the highest incidence of AIDS. That is, 65 percent of those with the AIDS virus are in this age group. And 45 percent of those with the AIDS virus are workers and laborers. [passage omitted]

Lampang AIDS Deaths Reported

94WE0392A Bangkok NAEON in Thai 15 Jul 94
p 30

[FBIS Translated Excerpts] Dr. Thawisap Sipraphasiri, the head of the Communicable Disease Control Department, Lampang Provincial Public Health Office, talked about the AIDS situation in Lampang Province. He said that the rate is very high. Last month, the number of people with AIDS increased by 92. Altogether, there are 614 people in the province who have AIDS. A total of 227 people have died. The health of those still alive continues to deteriorate.

Of the 614 people with AIDS, 538 are men and 76 are women. Almost all of those with this disease are homosexuals. Some are hill tribesmen. This shows that the disease has spread from the plains to the highlands. In Lampang Province, the death rate is 10-15 people a month. [passage omitted]

Nationwide, in terms of the number of people with AIDS, Lampang is fourth after Chiang Mai, Chiang Rai, and Bangkok. [passage omitted]

Official Warns Public on Herbal AIDS Treatment

94WE0392B Bangkok DAILY NEWS in Thai 20 Jul 94
pp 1, 17

[FBIS Translated Excerpt] [Passage omitted] On 19 July, Dr. Phaichit Powabut, the under secretary of public health, talked with reporters about the fact that more and more people are going to the Tham Siwilai Temple for AIDS treatment. He said that there is still no drug or medicinal herb that can cure AIDS. This is probably a matter of Thais trying to help AIDS patients out of kindness. That is fine. In particular, monks are considered to be social leaders. However, until doctors prove that these medicinal herbs are in fact effective in treating AIDS, this will just mislead people. Even though some AIDS patients who have taken these herbs claim that they feel better and that they have gained weight, their condition may not have actually improved. Blood samples will have to be taken and examined to determine if they still have the AIDS virus. He said that people should not let themselves be fooled. The Department of Medical Sciences, Ministry of Public Health, is now conducting various tests on the medicinal herbs that the Saraburi provincial Public Health Office sent for analysis. This includes examining the characteristics of the bolus and the type of liquid. The analysis will take quite a while to perform. Things must be separated. In particular, great care must be taken with the microorganisms, because if they are exposed to heat, they could die. That would make it impossible to complete the analysis. It is expected that the tests will take at least three weeks. But

the Department of Medical Sciences is not sitting by idly. Regardless of how the tests turn out, the results will be sent to public health ministry officials, who will then notify the public.

At the same time, a DAILY NEWS reporter based in Saraburi Province went to the Tham Siwilai Temple and found that that same day, the atmosphere at the temple was quite subdued. Things were not as lively as in the past. When he went to the house of Phra Pricha, the monk who formulated this herbal medicine for treating AIDS, all he saw was a sign near the door that said: "No visitors. Out of AIDS medicine." At the bottom was written: "AIDS patients can come obtain medicine on Saturday, 23 July, and Sunday, 24 July, only."

Dr. Sakchai Kanchanawattana, an expert in preventive medicine who is serving as the acting public health officer in Saraburi Province, talked with the reporters who went to ask him if any progress had been made in analyzing the herbal medicine obtained from the Tham Siwilai Temple. Dr. Sakchai said that the Saraburi provincial Public Health Office is not ignoring this. It took an interest in this when reports about this first appeared. A sample of the medicine used by Phra Pricha, the abbot of the Tham Siwilai Temple, was obtained. As far as the unaltered medicinal herbs are concerned, they consist of such things as smilax, sulfur, and "ton kharu." These medicinal herbs are herbs that are used only to treat skin disorders. As for the herbal medicine that was mixed, we will have to wait for the results of the analysis being conducted by the Department of Medical Sciences.

Dr. Sakchai said that he would like to tell those who have AIDS that the entire world is looking for a cure for AIDS. In Thailand, the Ministry of Public Health, hospitals, and the medical faculties at well-known universities are trying to find a drug to treat this disease. But so far, no one has been able to find such a drug. Thus, AIDS patients should not let themselves be fooled into thinking that there is now a drug that can cure AIDS. He said that he feels very sorry for the people who have this terrible disease. They are suffering physically and mentally, and now they have spent large sums of money traveling here from distant provinces. But that is just a waste of time and money.

The acting public health officer in Saraburi Province talked about the reports that Phra Maowai Thaisong, the former chauffeur of General Isaraphong Nunphakdi, had had AIDS and that he had gone to the Sirirat Hospital for treatment and then to the Tham Siwilai Temple, where he was cured. He said that the Saraburi provincial Public Health Office asked officials at the Sirirat Hospital about this. Officials there said that after looking at patient files back to 1987, they could find no record of his ever having been treated at the hospital. He said that he has tried to contact this monk but has not been able to find him. It is thought that he has returned to his native village.

Dr. Luaphon Punnanan, the deputy dean for public relations and special affairs of the Faculty of Medicine,

Sirirat Hospital, talked with reporters about the analysis of blood samples taken from people who claim that they tested positive for AIDS at the Sirirat Hospital but that after undergoing herbal treatment at the Tham Siwilai Temple in Saraburi Province, the blood tests were negative. He said that the hospital has checked into this. One of the names given was that of a Mr. Lamut, an employee at a company. But the hospital could find no record indicating that he was ever tested at the hospital. As for Phra Mao, the driver of the former army commander-in-chief, who claims that he was tested at the hospital, he has not looked into that. But we have to be fair about this. That is, if the Sirirat Hospital examines someone and reveals that that person has AIDS, the hospital could be sued. Revealing such things is a violation of medical ethics. Such matters must be kept secret unless the patient authorizes their disclosure.

Dr. Luaphon said that people who come to have their blood tested for the AIDS virus may not give their real name. If they come for treatment for some other disease and we happen to give them a blood test, we will know their real name. In the case of Phra Mao, he claims that he was examined in 1990, but he does not give the day or month. That makes it difficult to locate his file. But Phra Mao did not authorize the Sirirat Hospital to reveal the results of the tests. The best thing would be for Phra Mao to come confirm things himself and have another blood test done. Those who are going to the Tham Siwilai Temple for herbal treatment would then know if those herbs really work. It's human nature to believe the best when it comes to yourself. That is, if you learn that you have the AIDS virus and you undergo some form of treatment, such as using herbal medicines, you may feel better. If you then have your blood tested again at some other place and the test comes back negative, you will think that you have been cured of AIDS. He said that he doesn't know who made the mistake in testing the blood. The Pharmacology Department within the Faculty of Medicine, Sirirat Hospital, is now studying various herbs. But they have not found any herbs that can be used to treat AIDS. "We can't say that the monk at the Tham Siwilai Temple has lied. The best thing is to find the truth using scientific principles," said the deputy dean of the Faculty of Medicine, Sirirat Hospital, in conclusion.

Sisaket Province Dengue Fever Incidence

94WE0375B Bangkok DAO SIAM in Thai 5 Jul 94 p 9

[FBIS Translated Excerpt] Dr. Sawai Muangthai, the provincial public health officer in Sisaket Province, disclosed that during the rainy season, the contagious disease that posed the greatest problem was dengue fever. In Sisaket Province, from January to 30 June 1994, a total of 51 people contracted dengue fever, and 2 died. [passage omitted]

Lampang Disease Incidence Reported

94WE0392C Bangkok BAN MUANG in Thai 19 Jul 94
p 21

[FBIS Translated Text] Dr. Saman Rungwithong, a public health official in Lampang Province, said that a review of the incidence of various diseases in June 1994 shows that diarrhea led the way with a total of 2,307 cases, or 289.15 cases per 100,000 people. This is an increase as compared with the same time last year. The largest number of cases was found in Ngao District.

The second most common disease was dysentery, with 489 cases, or 61.29 cases per 100,000 people. This is an increase as compared with the same period last year. The largest number of cases was found in Hong Chat District. The third most common disease was dengue fever, with

318 cases, or 39.86 cases per 100,000 people. This is an increase as compared with the same period last year. The largest number of cases was found in Mae Phrik District. The disease was most prevalent in children ages 10-14.

It is worth noting that dengue fever was the third most common disease of the diseases that have to be monitored. This may stem from the fact that it has rained a lot, with the result that water has collected in various containers, enabling mosquitoes to lay their eggs there.

Thus, the people must help by looking after the containers in their homes and villages. If any are found, they should be turned upside down or thrown away immediately. As for diarrhea, this can be caused by a variety of things.

BULGARIA**AIDS Laboratory Chief Reports 30 Deaths**

*AU1808180594 Sofia BTA in English 1330 GMT
18 Aug 94—FOR OFFICIAL USE ONLY*

[FBIS Transcribed Text] Sofia, August 18 (BTA)—Thirty Bulgarians died of AIDS. The latest data, released by Dr. Radka Argirova, head of the National AIDS Laboratory, and published in today's press, 132 Bulgarians have tested HIV-positive and 32 have developed the full symptoms of AIDS. Dr. Argirova notes that most of the Bulgarians infected with AIDS do not want to take treatment because AZT for instance costs \$160,000-200,000.

According to medical experts, it is cheaper to treat patients with the Bulgarian preparation Factor R, which improves the immune system and slows the process although it does not guarantee cure of the disease. The results of the Factor R tests were presented at the international AIDS conference in Yokohama, Prof. Bogdan Petrunov, Head of the National Centre for Contagious and Parasitic Diseases, told the media yesterday. The United States, India and Mexico have already shown interest in Factor R.

Thirteen HIV-carriers were administered Factor R for three months; 109 Americans also took treatment with it for six months. An increase of the leucocytes that inhibit the reproduction of the virus was observed in 80 percent of the patients; the level of monocytes and microphages in the white blood corpuscles also rises, which is important, as one of the greatest dangers to HIV-positive cases is the infection with bacteria causing other diseases. Factor R increases the number of antibodies that

protect the respiratory system and stimulates the function of the liver and the pancreas.

CZECH REPUBLIC**Republic Reports 50 AIDS Cases**

*AU2508194094 Prague MLADA FRONTA DNES
in Czech 13 Aug 94 p 1*

["rea"-signed report: "Number of AIDS Cases Has Already Surpassed the Magic Limit"]

[FBIS Translated Text] Prague—The number of people in the republic in whom the HIV virus infection developed into AIDS reached the magic number of 50 on 31 July of this year. With this development, the Czech Republic has become one of the countries the World Health Organization watches closely—it not only registers the number of infected and sick, but also keeps a detailed record of the number of men and women involved and how the infection occurred.

By the end of July, there were already 194 people in the republic infected by the HIV virus, but experts believe that the actual amount is as high as 10 times this number. The virus manifests itself mostly in the 20 to 35 year-old age group, by men and homosexuals, although most recently the number of infected women is growing, and heterosexual transmission of the infection is becoming quite common. A fourth case was added last month to the three blood donors in whom the HIV virus was detected. [sentence as published]

At an international conference on AIDS in Yokohama, Japan, experts pointed out that there are known instances of HIV carriers living more than 10 years without showing any symptoms of AIDS.

REGIONAL AFFAIRS

Central American Health Report Through 19 August

PA2008222094

[FBIS Editorial Report] The following is a compilation of reports on Central American public health and epidemiological developments monitored through 19 August.

Nicaragua

Cholera—A Health Ministry report indicates that "the lack of rain in Nicaragua has prompted a decrease in cholera cases." It adds that there have been 3,686 cases of cholera this year and that the disease has caused 69 deaths. (Managua Radio Nicaragua Network in Spanish 1200 GMT 18 Aug 94)

Cholera—Health officials reported 12 new cholera cases today in the following places: 12 in Managua, four in Rio San Juan, three in Jinotega, two in Granada, and one in Chinandega. (Managua Sistema Nacional de Television Network in Spanish 0200 GMT 18 Aug 94)

Panama

AIDS—The Health Ministry reported today that approximately 408 people have died of AIDS in Panama. According to official data, 717 cases—601 males and 116 females—have been registered since the disease first appeared in the country in 1984. (Panama City LA PRENSA in Spanish 17 Aug 94 p 4)

South American Health Report Through 19 August

PA2008221494

[FBIS Editorial Report] The following is a compilation of reports on South American public health and epidemiological developments monitored through 19 August.

Venezuela

AIDS—Health officials have reported that Venezuela registered 3,600 AIDS cases as of June 1994, the highest rate in the Andean area. This information also indicates that the fatality rate is 17.62 percent. So far, 69 people in Caracas have died of AIDS this year. (Mexico City NOTIMEX in Spanish 0103 GMT 13 Aug 94)

Dengue fever—A Malaria Institute spokesman reported today that Aragua State has been declared in a state of emergency due to the massive spread of hemorrhagic dengue fever. Aragua, located approximately 110 km west of Caracas, has registered more than 1,000 cases, and at least two people have died. Another 13 cases of hemorrhagic dengue and eight of classic dengue fever have been registered in Apure State, 400 km southwest of Caracas. (Hamburg DPA in Spanish 1958 GMT 19 Aug 94)

Southern Cone Health Report Through 19 August

PY2408165394

[FBIS Editorial Report] The following is a compilation of reports on epidemics and diseases monitored through 19 August:

Bolivia

Leishmaniasis—The health project carried out by the Bolivian Caritas in various communities of Beni Department and in the northern part of La Paz shows that 511 new leishmaniasis cases have been detected during a house-to-house operation. This report was released by Caritas Director Gonzalo Gomez Oliver, who thus denied official reports that the disease is under control. A report released on 28 July stated that 333 cases have been confirmed so far this year. Caritas considers the new cases an important outbreak of the disease. A total of 194 cases were registered in Iturrealde Province, and 317 in Yucumo and Upper Beni. The disease affects lower-class people, including children. (La Paz PRESIDENCIA in Spanish 3 Aug 94 p 6)

Cholera—The National Health Secretariat has reported that the five cholera cases registered in Santa Cruz are under control. No cases were detected in Tarija; consequently, an outbreak has been ruled out. Neither of the regional health units have reported a single case. (Santa Cruz EL MUNDO in Spanish 4 Aug 94 p 12)

Brazil

Endemic diseases research—On 11 August six African health ministers visited the Oswaldo Cruz Foundation, Fiocruz, where they learned about the techniques and research methods designed to fight the endemic diseases that affect their countries and Brazil. Fiocruz Director Carlos Morel placed the institution at the disposal of the Africans to transfer techniques and train specialists. He told them that 80 percent of the vaccines against yellow fever are produced by the Fiocruz, and that the Africans will have access to the Tropical Medicine Center, to be installed in Manaus by Fiocruz. (Sao Paulo AGENCIA ESTADO in Portuguese 2011 GMT 11 Aug 94)

HTLV1 virus—The Brazilian and Japanese governments have signed an agreement on the prevention and diagnose of a new virus that causes neurologic disorder. The HTLV1, similar to the AIDS virus, was detected in Japan. A study conducted by the Health Ministry shows that the virus has been disseminated in Brazil, especially in Bahia State. The agreement will be implemented early next year. (Sao Paulo AGENCIA ESTADO in Portuguese 2052 GMT 19 Aug 94)

Peru

Poliomyelitis—On 13 August Peruvian Health Minister Jaime Freundt-Thurne reported that poliomyelitis has been eradicated from Peru. He noted that no cases have been registered in the past three years. This is the result

of the intense vaccination campaign carried out in the country over a period of several years. (Madrid EFE in Spanish 1452 GMT 13 Aug 94)

BRAZIL

AIDS Epidemic Spreads to Rio Interior

94WE0322A Rio de Janeiro O GLOBO in Portuguese
25 Jun 94 p 11

[Article by Regina Eleuterio and Eloysio Balbi: "AIDS: Epidemic Spreading to Interior"]

[FBIS Translated Text] AIDS is spreading to the towns in the interior. Although the Municipality of Rio de Janeiro has the largest number of reported cases (5,851 from the 1980's through March of this year), the towns in the interior have been recording a proportionately faster increase in the number of cases. Those data are from the AIDS epidemiological bulletin published by the State Secretariat of Health, which singles out Niteroi as the municipality with the state's highest incidence of the disease: 112.71 out of every 100,000 inhabitants have AIDS. Rio de Janeiro is in second place (111.71), followed by Petropolis (68.85) and Cabo Frio (66.67).

The change in the profile of the disease is not only geographic. Ten years ago, AIDS affected mainly the upper middle class. Today an increasing number of victims are in the poorest sectors of the population.

"It is not a sudden-onset disease, but reported cases already show that the trend is toward a steadily rising number of patients in the interior. Until last year, 80 percent of the cases in the state were in the Municipality of Rio de Janeiro, and today that figure is down to 70 percent," says Katia Sanches, a physician in the secretariat's AIDS Division.

Since the disease first appeared, 8,350 AIDS cases have been reported throughout the state, not counting symptom-free carriers of the disease. Among physicians, one thing is certain: the reality is much worse than the statistics indicate. The main reason for underreporting is fear of prejudice. According to Maria Adelaide Millington, coordinator of the AIDS Committee in Petropolis, the number of people visiting the testing center for the HIV virus is insignificant:

"Most of the seropositive patients are discovered at the blood bank, and there are patients who take the test in some other city so as not to be discovered."

Their fear is justified. In Rio de Janeiro alone, there are over 1,000 lawsuits in the labor, civil, and family courts for one and the same reason: prejudice against AIDS patients. There is no lack of examples in the interior as well. One of them is domestic maid Selma Jordao, 26, who was practically thrown out of Casimiro de Abreu in 1988 because of the suspicion that she had AIDS. The reason was that her employer, Valdenir Eringe da Silva, had died of AIDS.

Terrified by the first AIDS case in their town, the residents even sent a petition with 220 signatures to the local judge asking that steps be taken against Selma. Trapped and afraid of being lynched, she left town and, using funds contributed by friends, took the HIV test in Rio de Janeiro. She returned to Casimiro de Abreu only after the test yielded negative results. Copies of the results were distributed around the town.

Cases to Date in Rio de Janeiro State

Municipality	Total cases	Incidence*
Rio de Janeiro	5,851	111.56
Niteroi	461	112.71
Cabo Frio	48	66.67
Macaé	41	43.11
Petropolis	179	68.85
Miguel Pereira	8	45.71
Mendes	7	43.48
Duque de Caxias	278	44.09
Sao Joao de Meriti	174	41.91
Mangaratiba	7	42.94

* Number of cases per 100,000 inhabitants.

Source: State Secretariat of Health.

Two New Cases per Week in Campos

Campos—Every week there are two new AIDS cases in Campos, and at least one person dies of the disease. According to the head of the Epidemiology Department of the Municipal Secretariat of Health, Elizabeth Tudesco Tinoco, 60 percent of those cases involve individuals from other towns who go to Campos seeking the region's only public AIDS hospital: the Ferreira Machado Hospital.

Campos has one of the country's few centers caring for HIV carriers. Located in the Guarus neighborhood, that center currently cares for 53 patients, but the volunteers faced all kinds of prejudice in the beginning.

"When we established the center, it was located in the Nova Brasilia neighborhood. When the owner discovered that his property was sheltering people with AIDS, he refused to renew the lease and ordered the house demolished. Today the center is maintained basically by employees of the Bank of Brazil," said welfare worker Fatima Castro.

Number of Infected Women Triples

One of the biggest changes in the profile of the epidemic is the increase in the number of infected women—their number has tripled over the past 10 years. For every 13 men with AIDS in 1984, there was one woman with the disease. Today that ratio is four to one. Women are the ones most infected through heterosexual transmission,

This report may contain copyrighted material. Copying and dissemination is prohibited without permission of the copyright owners.

which has been increasing in comparison with homosexual and bisexual transmission. In 1987, infected heterosexuals accounted for 1.8 percent of the total. This year they account for 14.11 percent.

"That helps put an end to the idea that women do not transmit AIDS. It is more difficult, but it can happen," says physician Katia Sanches of the secretariat's AIDS Division.

The increase in the number of infected women has altered the profile of the disease among minors under 15 years of age. Until 1987, children were infected primarily through blood transfusions, and fewer than 10 percent had been infected by their mothers. Over the past four years, the number of children born with AIDS has increased to 60 percent [of the total infected with AIDS].

Those data led the Collective Health Study Center at the Federal University of Rio de Janeiro (UFRJ) to establish the Women's AIDS Hot Line—an anonymous help line that can be reached by dialing 290-5544.

Status of Dengue Outbreak in Ceara, Rio Surveyed

One Death Daily in Ceara

94WE0321A Rio de Janeiro O GLOBO in Portuguese
19 Jun 94 p 9

[Article by Leticia Lins]

[FBIS Translated Text] Dengue is killing one person every day in Fortaleza. And every 24 hours as many as three more patients develop the most serious symptom of the disease, hemorrhage. In contrast to the cholera epidemic that hit the state capital, dengue has not restricted itself to slum-dwellers. The disease struck Governor Ciro Gomes (PSDB) [Brazilian Social Democracy Party], killed businessman Ricardo Castro Macedo, and led the family of businessman Luciano Montenegro to make a desperate appeal for blood donors.

An inquest by the National Health Foundation (FNS) showed that the Aldeota neighborhood—Fortaleza's most fashionable—is the area showing the highest number of reported cases of the disease, which is now sweeping through 43 Ceara municipalities. The situation is extremely serious, said Dr. Ricardo Jose Soares Pontes, coordinator of Epidemiological Surveillance for the State Dengue Control Commission.

The FNS found colonies of *Aedes aegypti*, the mosquito that transmits the disease, in as many as 60 percent of the homes visited, depending on the region. The World Health Organization classifies the situation as epidemic when the index of infestation is 2 percent.

Dengue is caused by four different kinds of virus, all transmitted by the same mosquito. A patient who is attacked by a certain kind of virus remains immune to that one for the rest of his life, but is then much more vulnerable to the three other types. In the last dengue

epidemic recorded in Ceara, the virus most frequently seen was Type One. Now it is Type Two, which means that people who have already had the disease will find it even tougher to cope with it this time.

"The problem requires immediate and energetic intervention, especially because the World Health Organization has now warned that Type Three dengue virus is spreading in Latin America," cautioned Ricardo Pontes, who is also professor of preventive and epidemiological medicine at the Federal University of Ceara.

The first person to report the imminence of the arrival of the epidemic in this state now harbors another fear: an outbreak of urban yellow fever, transmitted by the same mosquito that is the dengue vector. Worse still, according to this expert: an outbreak of yellow fever has already been reported in Piaui State.

Official Figures May Understate Cases

The figure of 5,537 reported cases of dengue in Ceara, current as of last Friday morning, does not come close to depicting the harsh reality of the epidemic in this state. According to Dr. Ricardo Pontes, the estimate by the state health department, which indicates that 300,000 *cearenses* have contracted the disease, may mask twice that number of cases. He bases that statement on the percentage of residences in the capital city that are infested by the mosquito.

"We have international studies that indicate that where the index of infestation is between 20 and 30 percent, usually 30 percent of the population is afflicted, which would mean 600,000 people in Fortaleza. This, however, is a very conservative estimate when one realizes that indices as high as 60 percent have been found."

In the capital city, there are cases where entire families have become ill—none of these were reported. Nair Domingues Martins de Araujo, 68, is an example. At her house in the Maltese neighborhood, 10 of the 11 family members have contracted dengue. "It would be hard to find a house on this street where someone is not bedridden," she said.

Of 12 taxi drivers consulted by O GLOBO in Fortaleza, only one, Carlos Alberto Ribeiro, has not had dengue. But his wife Maria de Fatima and two nieces have been sick. Wilson de Souza, owner of the Popular Pharmacy in Maracanaú, is prescribing medicines on his own initiative for 30 people a day—all with symptoms of dengue.

Battle Against 'Aedes' Mobilizes 10,000

The war came late, but it has started. On the streets of the Ceara capital it is common to see Army trucks manned by soldiers on the front line of the battle against proliferation of *Aedes aegypti*. They pick up old tires, find sites of standing water, and advise the public. At the Funasa garage, ironically situated on "Mosquito Street,"

This report may contain copyrighted material. Copying and dissemination is prohibited without permission of the copyright owners.

the activity resembles that of an anthill. Experts like Agenor Vivente Xavier, who coordinates the street-to-street effort against the insect, get only three hours of sleep a night.

"This time we have forgotten about political differences and decided to work together," said Mayor Antonio Cambraia, who put 2,220 people, including city employees and health agents, into the battle against dengue. A commission formed of municipal, state, and federal officials is deciding, together, the best way to fight the epidemic. In all, 10,000 people have been mobilized.

According to Tati Andrade, coordinator of the Epidemic Control Commission of the health department, there were delays in diagnosing the disease: "Dengue even fooled the private physicians, who confused it with rubella, and that delayed the action."

Dr. Ricardo Pontes thinks the 20 atomizer trucks sent by Funasa took too long to reach Fortaleza. Meanwhile, the Funasa coordinator in Ceara, Cleber Nogueira, said that experts from the agency had been warning of the imminence of a dengue outbreak since the days of the Joao Figueiredo government. "Not only was no action taken then, but later, under the Collor government, the agency was completely broken up, its equipment was left to rust, and no one ordered any insecticide."

Ciro Gomes Interview

["Close-up" Feature Interview with Ceara Governor
Ciro Gomes, date and place not given. First paragraph is
O GLOBO introduction]

A victim of dengue in its most serious manifestation—hemorrhage—Ceara Governor Ciro Gomes blames the epidemic on the absence of measures to prevent the disease, actions he says are the responsibility of the federal government. The disease also struck two of his three children, and two household employees.

O GLOBO: As a citizen, did you feel angry or unprotected when you caught a serious disease that could have been prevented?

Gomes: Unfortunately, there is a sickening phenomenon that happens in Brazil on a regular basis: private interests are placed above the community interest. As if it weren't enough that Funasa went two years without funds to buy insecticide to kill mosquitos, after the appropriation was released, it was still withheld because of a strike by the Federal Revenue employees. And that gets me mad. But instead of speculating, we need to solve the problem.

O GLOBO: And as an official? How did you feel when you found yourself faced with an epidemic that has raged beyond your control?

Gomes: As soon as I found out about the disease, I phoned the Secretary of Health and asked what was

happening. She told me that Funasa had suspended the spraying operations, so the mosquito population had increased greatly.

O GLOBO: Why did efforts to counter the disease take so long, when quicker action would have prevented the epidemic?

Gomes: I ordered an integrated effort, but we could not go it alone. The state government doesn't have a single specialized vehicle to do the spraying. The Funasa technicians themselves are upset because, without insecticide, they could do nothing. I expect there will be a decline in the infection rate soon, since in contrast to the situation with cholera, when everyone worked on separate fronts, now all levels of government are involved in the operation against dengue.

O GLOBO: The press has been accused of exaggerating the extent of the disease. Do you think so, too?

Gomes: No. Unfortunately, people like to read bad news. But the worst thing is that the figures for Fortaleza have really assumed scandalous proportions. But, in contrast to what happened with cholera, this time City Hall was not at fault.

Thirty-Three Rio Districts Infested

94WE0321B Rio de Janeiro O GLOBO in Portuguese
24 Jun 94 p 13

[Article by Elaine Rodrigues]

[FBIS Translated Text] An old acquaintance of the *cariocas*—the ghost of dengue—is haunting the city again. According to a survey by the National Health Foundation (FNS), completed in the last week of May, the indices of residential infestation by the *Aedes aegypti* mosquito exceed the limit in 33 neighborhoods of Rio. That figure, coupled with reports of the epidemic of hemorrhagic dengue in Ceara, has sounded the alarm against the disease. This morning, according to FNS Regional Coordinator Lucio Bandeira, technicians from the state, city, and the Foundation will meet to discuss a new strategy for combating dengue.

The proposal to be submitted by Oscar Neiva Eulalio Filho, chief of one of the three sanitary districts of the FNS, will be to set up blockades, as is being done against cholera. In the case of dengue, the strategy encounters operational difficulties: since May, Rio has had to loan 10 of its 12 atomizers (the Leco type) to northeastern states. That is why it will be impossible to adhere to the standard set by the Ministry of Health, i.e., spraying in neighborhoods where the index of infestation exceeds 5 percent.

"To do that we would need at least nine machines. The alternative is to try to block the course of the disease at strategic points, such as the bus station through which pass infected people from the Northeast," explained

This report may contain copyrighted material. Copying and dissemination is prohibited without permission of the copyright owners.

Oscar Neiva, who headed the preventive work in Rio and 26 other cities in the metropolitan and interior regions of the state.

Of the 33 neighborhoods with indices of infestation greater than 2 percent—the point at which the risk of dissemination of dengue increases—at least 10 should be treated with fumigation: Santa Eugenia, in Campo Grande (7.9 percent); Acari (7 percent); Anchieta (5.5 percent); Barros Filho (6.2 percent); Cachambi (5.5 percent); Costa Barros (6 percent); Del Castilho (6.8 percent); Freguesia, in Jacarepagua (5.2 percent); Paqueta (5.3 percent); and Paciencia (5.3 percent).

Dengue had a resurgence in Rio in 1986, after having been eradicated. That year, and the following one saw two epidemics during the summer, both caused by the Type One virus. In 1991, during a third epidemic, 52,000 cases were reported, including those caused by the Type Two virus—whose invasion of Ceara this year has resulted in cases of hemorrhagic dengue.

Health Officials Step Up Efforts

94WE0321C Rio de Janeiro O GLOBO in Portuguese
25 Jun 94 p 8

[FBIS Translated Text] Sanitation agents from the National Health Foundation (FNS) are going to reduce the interval between visits to the most critical neighborhoods in hopes of reducing the index of residential infestation of *Aedes aegypti*, the mosquito that transmits dengue. Instead of quarterly, as done now, the eradication of colonies will be done every two weeks, according to Oscar Neiva Eulalio Filho, chief of the sanitary district of the FNS that includes Rio, Niteroi, Sao Goncalo, and 24 interior cities.

Within this area, Niteroi is in more critical shape than is Rio, where 10 neighborhoods have an index of infestation above 5 percent, whereas the limit for control of the mosquito is 2 percent. In Niteroi, some neighborhoods show an index of 12.7 percent (Piratiniga), or even 16.2 percent (Largo da Batalha).

The FNS strategy for combating dengue calls for stricter health controls at the Novo Rio bus terminal and at the garages used by intercity bus companies, according to Neiva. Priority will also be given to the city's cemeteries, tire repair shops, and junkyards, where a large number of colonies can be found.

According to Neiva, the Pan American Health Organization (PAHO) recently reported that the Type Three dengue virus, heretofore nonexistent, is now circulating in Latin America. That is why the FNS plans to set traps for *Aedes aegypti* at Rio's international airport, in order to detect its arrival in this state.

Figures on Cases Since 1986

The municipal health department reported that in 1994, only 17 cases of dengue have been reported in Rio. Since

1986, when the disease broke out again in this state, 114,908 cases have been reported in the city of Rio; 639 of these people suffered from hemorrhagic dengue—the most serious form of the disease, which develops when a person is infected by different types of the dengue virus.

Since 1986, Rio has been hit by two epidemics. The first was caused by Type One virus and the second by Type Two. The first epidemic peaked in 1987, with 37,215 cases between January and July, compared with 12,480 cases reported between April and August of 1986. The disease seemed to be under control in the next two years, with 247 cases in 1988 and 436 in 1989.

The second epidemic began in 1990 with the arrival of the Type Two virus: 11,068 people contracted the disease. By July 1991, the number of cases had jumped to 52,231, but fell again to 987 in 1992 and 227 in 1993. According to the health department, all reported cases are investigated but, since 1992, none of them have been confirmed by tests done at the Fiocruz [Oswaldo Cruz foundation] and Noel Nutels laboratories.

Dutch Consul in Ceara Infected

94WE0321D Rio de Janeiro O GLOBO in Portuguese
17 Jun 94 p 7

[FBIS Translated Text] Fortaleza—After it had struck Ceara Governor Ciro Gomes and killed businessman Ricardo Macedo, 33, (who died the day before yesterday), the dengue epidemic infected the honorary Dutch consul in this state, Luciano Montenegro. He was hospitalized at a clinic on Wednesday, suffering from hemorrhagic dengue. The disease, which has now made 5,000 people in Ceara sick and killed 13 of them, spread through other states in the Northeast. In Alagoas, 500 cases have now been reported.

The Dutch consul was given a blood transfusion and yesterday the doctors at the Gastroclinica, where he is hospitalized, reported that the patient was already showing signs of improvement. Half the people being cared for at Ceara hospitals are suspected of having the disease. In Aracati, 150 km from Fortaleza, 31 cases of dengue have been reported, some of them thought to be the hemorrhagic type.

When he visited Alagoas yesterday and learned that the disease is spreading, Dr. Antonio Carlos Silveira, coordinator of the Ministry of Health's Program to Combat Communicable Diseases, released 315 million *cruzeiros reais* under an agreement with City Hall for emergency programs in Maceio.

The situation is of great concern. The mosquito is proliferating in the states of Ceara, Alagoas, Mato Grosso do Sul, and Goias.

Study Shows Leprosy Cases Doubled in 10 Years

94WE0322B Rio de Janeiro O GLOBO in Portuguese
24 Jun 94 p 5

[Article: "Hansen's Disease Cases in Brazil Double in 10 Years"]

[FBIS Translated Text] Recife—Reports of new cases of Hansen's disease, an infectious-contagious disease typical of poverty, have practically doubled in Brazil over the past 10 years. The annual rate of detection of new cases is at least 10 times higher than that considered acceptable by WHO. Throughout the country, there are currently over 228,000 people suffering from Hansen's disease, commonly known as leprosy.

The alarm was sounded in a study by the National Coordinating Office for Dermatology of the Ministry of Health. By analyzing the trend of the disease in all the states, the study shows that the annual rate of detection of Hansen's disease (the number of new cases per 100,000 inhabitants) has jumped from 13.5 to 23.12 over the past 10 years.

Projections for 1995 also show that the rate may reach 30, thus making Hansen's disease an even more serious problem in our country.

As far as WHO is concerned, the low rate (that is, the acceptable level) is less than two new cases per 100,000 inhabitants. Ten cases are considered a high rate.

Last year the rate in Brazil was already twice that. The North and Center-West Regions are the ones with the highest rates of new cases.

Experts at the National Coordinating Office emphasize, however, that that increase in the number of new cases does not indicate exclusively that the disease is spreading. It also reflects activity by the National Program for Controlling and Eliminating Hansen's Disease in diagnosing the disease.

Hansen's disease is a disease that can show up over a period of as long as 10 years. Its spread is a direct result of the population's declining quality of life.

"We are not yet able to determine whether more cases were recorded because new patients have appeared or because those patients already existed but had not been diagnosed," explains Prof. Maria do Rosario Latorra of the University of Sao Paulo (USP), who took part in the study.

She says, however, that all the endemic diseases now on the rise in Brazil are a reflection of epidemiological problems, not operational problems in recording them.

The preliminary results of the study on the trend of Hansen's disease in Brazil were presented this week at the Fourth Collective Health Congress. That three-day event, held in Recife, attracted over 3,500 health professionals from all over the country.

ECUADOR

Malaria Incidence; Eradication Plan Discussed

94WE0390A Quito EL COMERCIO in Spanish
22 Jul 94 pp D1, D3

[FBIS Translated Excerpts] The Ministry of Health and Partners in International Development (PIID) will sign an agreement today for a pilot project for malaria eradication.

The project will benefit some 20,000 persons and will form part of the support of the Project for Strengthening and Broadening Basic Health Services in Ecuador (Fas-base) for improved basic health services in the country, in coordination with the National Service for Malaria Eradication (SNEM).

Except for its mountainous area, the rest of Ecuador's territory (about 70 percent) and some 7 million persons are considered to be in a malarial zone. [passage omitted]

The malaria control program has a nationwide budget for 1994 estimated at \$4 million; for 1995, funding will increase to \$4.433.

The agreement will be signed today in the auditorium of Eugenio Espejo Hospital between the Minister of Health and Partners in International Development for the development of a pilot project to eradicate malaria.

Malaria is one of the most serious public health problems in Ecuador's rural areas. The disease is endemic in 70 percent of the country's territory.

The most frequent outbreaks of malaria epidemics take place in low-lying areas near the coast. The Provinces of Esmeraldas, Manabi, Guayas, Los Rios, the lower lying portion of Pichincha, and the Amazonian area are Ecuador's principal malarial zones.

The Province of Esmeraldas is the country's main center for malaria and accounts for approximately 30 percent of Ecuador's annual malaria cases.

The disease is endemic in all rural areas and small settlements in the interior of the province, but during certain periods of the year it also spreads to the cities, including the capital of Esmeraldas.

The pilot project for malaria eradication will be conducted in the San Lorenzo-Esmeraldas health area; new resources will be introduced, such as insecticide-soaked mosquito nets, antilarval substances, and microscopes for rapid diagnosis.

The project will be conducted with support within the framework of the Health Ministry's new decentralized organization, in which the health area functions as a local system that establishes coordination with all the agencies that operate in the area and encourages the active participation of the populace in order to achieve proposed objectives.

Except for the mountainous area, the rest of Ecuador's territory (about 70 percent) and a population of some 7 million persons are considered to be in a malarial zone.

Transmission of the disease possesses endemic-epidemic characteristics, and it affects rural areas in particular.

Despite measures taken against the disease since the mid-1980's, the number of malaria cases remains high.

This report may contain copyrighted material. Copying and dissemination is prohibited without permission of the copyright owners.

The National Service for Malaria Eradication (SNEM) was created in Ecuador more than 40 years ago to conduct a nationwide fight against the disease. SNEM possesses a complete infrastructure, and its activities cover almost the entire country.

The malaria eradication program for 1994 has a budget of \$4 million and its funding will increase to \$4.433 million in 1995.

The malaria eradication project will benefit some 20,000 persons and will form part of the support of the Project for Strengthening and Broadening Basic Health Services in Ecuador (Fasbase) for improved basic health services in the country, in coordination with SNEM.

The international organization Partners in International Development has been important in cooperating in the project's design and will also participate in it, providing financial support and technical assistance under the agreement that was signed today.

The University of Liverpool Latin American Center, a highly experienced organization in this field, will also provide assistance, with its Ecuadorian and foreign experts.

[Box, p D-3]

Activities That Will Be Conducted

- Develop and apply innovative strategies for the diagnosis (microscopes for rapid diagnosis), prevention (mosquito nets saturated with insecticide, antilarval hormones), and treatment of malaria.
- Test a model of epidemiological vigilance for malaria and of eradication program monitoring.
- Establish new forms of community participation for malaria eradication.
- Test the local operational capability to manage a permanent program of malaria eradication, with innovative strategies.
- Improve the diagnosis and treatment of malaria.
- Encourage community participation.
- Train SNEM personnel in new methods.
- Educate volunteer collaborators (CV) and expand their functions.

[Box, p D-3]

The First Tests Will Be in San Lorenzo

In San Lorenzo, the local teams, the workers of SNEM, will provide the foundation of the pilot project.

The project's principal activities will include the use of insecticide-soaked mosquito nets, rapid diagnosis, and the elimination of breeding places by using larvicide.

Mosquito nets will be sold to the populace at subsidized prices, based on the number of inhabitants per dwelling. An average of one mosquito net per two inhabitants is contemplated.

An estimated 10,000 mosquito nets will be distributed to protect 20,000 inhabitants in the area.

Malaria causes serious economic damage, as it affects large numbers of people of an active age, and therefore constitutes a burden on Ecuador's economic and social development.

Microscopes for rapid diagnosis will be distributed to SNEM brigades, health posts, and subcenters, and the cantonal hospital.

Larvicides will be applied initially by SNEM personnel; later, local teams and volunteer collaborators will be responsible for using them and supervising their use.

As part of the presentation of the malaria eradication pilot program, there will also be a roundtable discussion on alternative strategies and tactics to eliminate the disease.

Participants in the roundtable will be Jorge Oviedo, of the Nature Foundation; Marcelo Aguilar, of the Juan Cesar Garcia Institute; Alberto Narvaez, of the Ministry of Health; and Oscar Echeverri, of the World Bank.

The moderator will be Jaime Macias, undersecretary of health for Region II.

Minister of Health Patricio Abad, PIID President David Edwards, and Jose Ruales, general coordinator of the Fasbase project, will take part in the signing of the agreement for the development of the malaria eradication pilot project.

Minister Discusses Measles Vaccination Program

94WE0390B Quito EL COMERCIO in Spanish
29 Jul 94 p C-13

[FBIS Translated Text] The campaign to eradicate measles opens officially today in Guayaquil. The campaign's goal is to vaccinate 4 million children during the next six weeks who are exposed to the disease.

Ecuador and Haiti are the only two countries that have not fulfilled the pledge to eliminate measles in the Americas.

The Ecuadoran Government, through Minister of Health Patricio Abad, committed itself in the latest meeting of Andean region health ministers, to rid Ecuador of measles.

Under the slogan "Ecuador free of measles," the minister of health, through the Project for Strengthening and Broadening Basic Health Services in Ecuador (Fasbase), intends to eradicate measles in Ecuador by 1998.

All children between the ages of nine months and 15 years (one day before reaching their 15th year), without regard to whether or not they have already received the vaccine or had the disease, will be vaccinated during the vast campaign to be conducted from 1 August to 9 September 1994.

Subsequently, between 1995 and 1996, 100 percent of children aged nine months to 23 months will be vaccinated.

In years following, until 1998, a sustained rate of high vaccination coverage will be maintained for all children under one year of age, so that no child will be without vaccination. In addition, strict epidemiological vigilance will be maintained.

Agencies such as the World Bank, WHO, PAHO [Pan-American Health Organization], UNICEF, and AID [Agency for International Development] are providing technical and economic support for the campaign.

Measles is a very contagious disease; a child can transmit it by speaking, sneezing, or coughing.

According to official figures, the incidence of measles was 33.8 percent per 100,000 inhabitants; however, not all cases are detected, largely because many families consider the disease to be normal in infancy.

According to Health Minister Patricio Abad, eradication of measles represents a real challenge, in which the participation of the populace will be of vital importance.

Abad describes the vast vaccination plan as the most important intensive effort in Ecuador's public health history.

Normally, antimeasles vaccine is administered to children from nine months to two years of age; vaccination is administered extensively, for the first time, to children under 15 years of age to interrupt the transmission of the virus.

To reach the goal of vaccinating 100 percent of the population between the ages of nine months and 15 years, Minister Abad got the World Bank to finance, through Fasbase, the greater part of the campaign, which will also have support of the Social Investment Fund of Ecuador (FISE).

Fasbase has financed the purchase of vaccine, in the amount of 2.6 billion sucres. The total cost of the vast vaccination campaign is \$2.5 million.

Innfa [expansion unknown], the Ministry of Education, the Armed Forces, and popular organizations are cooperating actively in carrying out the campaign.

[Box, p C-13]

Three Phases of Immunization

- From 1 to 12 August, the vaccination of that part of the population termed captive will be accomplished. All those under age 15 who attend preschool, grade school, or the basic cycle of public or private high schools, will be vaccinated by visits of vaccination

brigades designated by the Directorate of Health of each province. It is estimated that 2.25 million children will be vaccinated in this phase.

- The day of 13 August, declared National Vaccination Day, will be dedicated to vaccinating, at operating units and fixed, strategically located posts, those children and youths at provincial, cantonal, and parochial seats who did not receive the vaccine at their educational institutions. This activity will continue until 19 August. An estimated 1.442 million children will be vaccinated during this phase.
- Beginning on 22 August and until 9 September, that part of the populace will be vaccinated that lives in rural areas and is scattered, distant from urban centers, and who have not been vaccinated in earlier phases. Approximately 437,000 children are in this group. Mobile brigades will be used to administer the vaccination.

By National Vaccine Day, it is anticipated that 68 percent of the population will be vaccinated.

NICARAGUA

Tuberculosis Outbreak Reported

94WE00395A Managua LA TRIBUNA in Spanish
21 Jul 94 p 8A

[Article by Novis Rosales]

[FBIS Translated Text] Matagalpa—A tuberculosis outbreak in the towns of Waslala, La Dalia, and Rio Blanco has been reported by departmental health officials.

The official in charge of Hygiene and Epidemiology of the Ministry of Health in the department, Rufino Lopez, said that 55 cases of this disease have been added to the 150 positive cases already reported.

"This new outbreak does concern the health authorities," said Lopez.

He added that of the 55 tuberculosis cases recently reported, 15 were in Waslala and 40 in Rio Blanco.

"We know some people have died of tuberculosis in the mountains because they did not receive medical care in time," he stated.

He explained that health workers cannot get into the mountains, both because of inaccessibility and because of the presence of armed groups there.

"Many people are dying of this disease but cannot reach health centers because they have no money, and when they do get to a health center, it is too late," said Rufino Lopez.

The directors of the health centers in La Dalia and Rancho Grande have said they are unable to combat

tuberculosis because of the lack of medications and the resources to penetrate the mountains.

In a seminar held in the Matagalpa POLISAL [expansion not given], organized by the Department of Hygiene and Epidemiology of the central office of MINSA [Ministry of Health], methods to combat tuberculosis were taught.

"They provided information on the disease, which is very important, but not the means and resources to reach the places where people are dying," said one doctor who requested anonymity.

All the directors of the department's health centers attended the seminar.

AFGHANISTAN

Ministry Denies BBC Report on Outbreak of Cholera in Kabul

LD1708213194 Kabul Radio Afghanistan Network in Pashto 1530 GMT 17 Aug 94

[FBIS Translated Excerpt] The Ministry of Public Health of Afghanistan said that the report on a cholera outbreak in Kabul city is unfounded.

The correspondent of the BAKHTAR Information Agency reported that BBC Radio put out a news item last night alleging that the cholera outbreak in Kabul city has so far killed 25 children. In an interview Dr. Sadroddin Sahar, acting minister of public health, dismissed this report and said:

[Announcer-read] This report is totally unfounded and so far no cholera incident has been noticed in any of Kabul city's hospitals. [passage omitted]

INDIA

Papers Report on Rise in AIDS Cases

HIV World Record; AIDS Asia Record

94WE0419A Madras THE HINDU in English
22 Jul 94 p 17

[FBIS Transcribed Text] New Delhi, July 21—India tops the world in human immunodeficiency virus (HIV) infection cases, and tops Asia in the number of acquired immune deficiency syndrome (AIDS) caused by the HIV, reports the Indian Health Organization.

The country, with an estimated 2.8 million HIV-infected people, and 100,000 AIDS cases, tops Asia as the single largest contributor in absolute number of AIDS cases.

The IHO [expansion not given] secretary general, Dr. I.S. Gilada, says the new estimates and projections have been endorsed by the World Health Organisation (WHO) global programme on AIDS and the Harvard AIDS institute in the United States.

He says India earned the dubious distinction in a record short span, considering the infection entered India 20 years after it entered Africa and 10 years after the United States.

The epidemic has now moved to the third phase from sex workers and their clients to housewives and newborns, and has become a "non-preventable epidemic," Dr. Gilada warns.

While the rates of HIV infection among voluntary blood donors in Bombay is two per cent, in Maharashtra it is 1.2 per cent, and 0.2 to one per cent in other major cities. The infection rate in middle-class pregnant women in Bombay is now one per cent, and among sex workers, the rate varies from three to 60 per cent in different places.

HIV is now slated to infect 30 million to 50 million people in the country and kill 10,000 daily by the turn of the century—equal to the toll in the recent Latur earthquake, Dr. Gilada says.

The grim scenario is not restricted to India alone, but is true for the entire Asian continent that is now at the centre stage of AIDS, IHO warns.

Contrary to the popular belief that AIDS is on the rise globally, it is levelling off in all continents except Asia. The epidemic is slowing down even in Africa which has been the worst affected and where it might have originated in the 1960s, and has levelled off in the United States and Europe which were second and third in order of prevalence. However, a similar levelling off in Asia seems "a distant reality," according to Dr. Gilada, who says Asia has lost a unique opportunity to contain the epidemic through prevention measures as the infection entered the continent late.

Interpreting the trend of reported AIDS cases to the WHO during 1984-1993 and using the parameter of AIDS doubling time (dt) or the time required for a two-fold increase of AIDS cases, the IHO says the "AIDS scenario for Asia seems grim." AIDS cases are doubling every year, unlike in Africa where they are doubling in five years, and in seven years in Europe and the Americas.

"Asia can no longer afford to be a silent spectator and allow AIDS to be a man-made catastrophe." Populations in Asia are large, sexually transmitted diseases are high, and selling blood and organs is a way of life for many, Dr. Gilada says.

According to him, AIDS had levelled off in many developed countries as a result of AIDS awareness campaigns and interventions launched during the early phase of the epidemic.

Calcutta Red Light Areas

94WE0419B Calcutta THE STATESMAN in English
30 Jul 94 p 4

[FBIS Transcribed Text] A WHO-sponsored [World Health Organization] rapid assessment of sex trade has revealed that, barring Sonagachhi, the HIV prevalence rate among Commercial Sex Workers (CSW) is rising in most of the red light areas of Calcutta and Howrah.

There are more than 20 red light areas in Calcutta.

The study was conducted recently by the All-India Institute of Health and Public Hygiene. It warns that although the HIV level among sex workers in Calcutta is apparently lower than that in Bombay and Madras, the number of AIDS victims may increase several fold, in the next few years, unless the STD-HIV intervention programme is introduced in the other red light areas.

The HIV intervention programme at Sonagachhi is being sponsored by the NORAD [expansion not given].

Experts at the School of Tropical Medicine said the overall objective of the intervention programme was to reduce the incidence of HIV and STD among sex workers and their clients, through regular check-up for HIV and STD and ensuring regular use of condoms.

Dr S. Jana, project manager, STD-HIV intervention programme, said that even dummy clients were sent to sex workers to check whether they were actually ensuring the use of condoms.

Workers, associated with the survey, observe that though the involvement of the local clubs is essential for a comprehensive action plan, wranglings among the youth clubs, supported by rival political parties in the red light areas, have, on several occasions, posed serious problems for the organizers of clinics.

A WHO-sponsored clinic for sex workers, at Ghusuri, in Howrah, had to be closed last month after sex workers were evicted from that area by local youths.

The survey showed Calcutta and Howrah have about 11,000 sex workers, spread over 21 red light areas. Another 3,500, described as "flying" Commercial Sex Workers, have no fixed area of operation and move from one red light area to another. Perhaps, these were the most difficult targets from the point of view of the intervention programme.

While at Sonagachhi, Rambagan, Sethbagan, and Bowbazar, sex trade started almost 300 years ago, the red light area at Purbachal, in Salt Lake, is only about three years old.

The study showed that a large number of sex workers in the city hailed from far-flung places, including Bangladesh, Nepal, Bihar, Madhya Pradesh, Bilaspur, Murshidabad, Midnapore and Burdwan.

In Calcutta, sero surveillance was first started at the School of Tropical Medicine in 1987. The rate of seropositivity increased almost five times from 1991 to November, 1993.

The number of seropositive cases in each group of high-risk behaviour is too small to be statistically significant but a rising trend has been noted.

Although about 100,000 condoms are distributed in the Sonagachhi, Bowbazar, Kalighat and Howrah areas every month, Dr Jana said almost 53 per cent of the clients in the Sonagachhi area did not use those.

Bihar Hit by Wave of Cholera; Viral Diarrhea
94WE0414 Calcutta *THE STATESMAN* in English
4 Aug 94 p 6

[FBIS Transcribed Text] Patna, Aug. 3—As if the recent heavy floods were not enough, Bihar has now been hit by a wave of cholera and viral diarrhoea, taxing the Government's already stretched emergency services to the

limit. According to official and unofficial estimates, the death toll has crossed 1,000 and is likely to rise.

Requests have poured in from the districts for medicines, especially saline drips and water-purification chemicals such as DDT [dichlorodiphenyltrichloroethane] and bleaching powder. Several district and subdivisional officers were sending urgent message for funds as well.

According to doctors, the existing facilities have been overwhelming by the sheer volume of patients—mostly children or old men—turning up at the hospital. The affliction cuts across class lines, with cases being reported from well-off families and those with lesser means. According to one senior doctor, even the prestigious Patna Medical College Hospital does not have enough saline bottles to cope with the flow.

In a State with a notoriously poor medical system, at least 300 children die each day from various stomach disorders. And that's during normal times. The situation now is almost impossible to imagine.

The Government has been slow to react to the crisis. The Health Minister, Mr Chandradeo Prasad Verma, has now begun touring the affected areas with teams of doctors and asking people to strictly follow medical advice.

The Minister of State for Health, Mr Mundrika Prasad, held a meeting with senior department officials to review the situation and ensure availability of doctors, supply of medicines and bleaching powder and spraying of DDT in the affected areas.

A decision was taken on Monday to open a 24-hour controlroom—located at the old residence of the Patna Civil Surgeon—for maintaining close liaisons with the districts. However, it is yet to become operational and does not even have a telephone. In fact, it has not had a telephone for the past two years.

The Centre has responded to the crisis by allocating 200 metric tons of bleaching powder, to be requisitioned from warehouses in Calcutta. No specific date has been fixed for the actual lifting, but for districts that have not been allotted any bleaching powder supplies for one year, it's a case of better late than never.

The situation varies from place to place, but the story remains the same wherever you go.

- In Giridih, the official death toll is 100; Opposition politicians claim it is nearer 500. Whatever the figure, the situation is indisputably bad, as all primary and middle schools have been closed. Authorities have also ordered the closure of all establishments selling pre-cooked food.
- Patna Saheb, a congested suburb of the capital, has reported more than 35 deaths on account of the disease.

- Ranchi district has reported around 160 deaths over the past fortnight, with Ranchi town also being affected.
- Officials in Palamu, where the toll has reached 36, have sent urgent messages for more funds and for bleaching powder to clean the wells.
- In Saharsa in North Bihar, the Civil Surgeon has pleaded helplessness given the enormity of scale of the epidemic and the proportionate shortage of funds.

Things are not so bleak, according to Dr Utpalkant, a senior paediatrician in Patna. While admitting that the viral disease could continue through August, he pointed out that the epidemic could be controlled by proper and prompt medication.

Therein lies the rub, however. There is not not enough medicine—preventive and curative—to go round. Saline bottles, of which severe cases need around a dozen, are in especially short supply. More distressing are reports of doctors in some less-developed areas hiking their fees and making a profit out of tragedy.

While politicians brandish death tolls and the Government tries to make up for what it should have done long ago, people who have always accepted fate with a shrug of the shoulders know better than to seek help in officialdom. They are, as always, on their own.

Uttar Pradesh Gastroenteritis Incidence Rises

94WE0405A Madras *THE HINDU* in English
20 Jul 94 p 9

[Article: "Gastro Toll 300 in U.P."]

[FBIS Transcribed Text] Lucknow, July 19.—Nearly 300 people have died of gastroenteritis in Uttar Pradesh in the past fortnight, according to official reports.

Besides Lucknow, 44 districts in the State are in the grip of the disease which has assumed an epidemic form.

Two hundred people afflicted with gastroenteritis were admitted to various hospitals in Lucknow in the past 48 hours.

The Chief Medical Officer, Lucknow, Dr. Amrendra Singh, said nearly 100 patients had been discharged and the remaining were being treated.

All preventive measures were being taken to contain the disease, he said.—

Gastroenteritis, Cholera Claim 995 in Uttar Pradesh

BK1808153994 Delhi *THE PIONEER* in English
14 Aug 94 p 3

[FBIS Transcribed Text] The toll due to gastroenteritis and cholera on Saturday mounted to 995 in Uttar Pradesh with 24 more deaths reported from Badaun district.

A Badaun report said at least 24 people have died from the disease and nearly 500 took ill in the past three days in different villages. However, the Chief Medical Officer confirmed only 12 deaths.

The gastroenteritis and cholera have virtually gripped the entire State for the past two months and over 18,000 people have been taken ill.

A team of experts from the National Institute of Communicable Diseases has already visited several affected areas and suggested various steps to prevent recurrence of the disease.

About 3,000 People Die From Gastroenteritis in Bihar

BK2708104994 Delhi *All India Radio Network*
in English 0245 GMT 27 Aug 94

[FBIS Transcribed Text] Eight districts in Bihar are in the grip of gastroenteritis. The disease has claimed about 3,000 lives in Giridih, Gumla, Ranchi, Muzaffarpur, Sitamarhi, and Vaishali. Over 87,000 people are suffering from the disease. A senior official of the state health department told our Patna correspondent that the central help has been sought to control the disease.

Tribal Population Reported To Lack Primary Health Care

94WE0420 Bombay *THE TIMES OF INDIA*
in English 25 Jul 94 p 10

[Article by Inder Sawhney: "Indian Tribals Lack Primary Health Care"]

[FBIS Transcribed Text] New Delhi, July 24—India's tribal population has been totally ignored by the ministry of health and family welfare, which talks smugly of its commitment to the concept of 'Health for all by 2000 A.D.' through primary health care.

The statistics available from the tribal development cell of the ministry speak of the neglect of tribal areas in almost all the 25 states and Union territories of the country, which have a tribal population of 777 lakh (according to the 1981 census).

Uttar Pradesh, which has a tribal population of 43.80 lakh, presents the most dismal picture. It has just one community health centre (CHC) against the required number of 219. The situation in regard to primary health centres (PHCs) is a little better, in that of 1,381 PHCs required, 189 are operating.

Bihar, with a tribal population of 85 lakh, has 19 CHCs against the required 489, while it has 208 PHCs against 3,522 required.

Over 150 lakh tribals of Madhya Pradesh are doing with 96 of the required 807 CHCs, while there are 633 PHCs against 5,393 required.

Orissa, which has a tribal population of 63 lakh, has 25 CHCs against 354 required, while it has 349 PHCs against the required 2,300.

The 64-lakh tribal population of Karnataka is being served by only 35 CHCs, against 317 required and 307 PHCs, against 2,115 required. With 52,000 tribals, Sikkim has no CHC and only one PHC.

Maharashtra is only a shade better with 51 CHCs against 271 sanctioned and 272 PHCs against 1,806 sanctioned.

The predominantly tribal states of Meghalaya, Nagaland, Arunachal Pradesh and Mizoram and the predominantly tribal Union Territories of Dadra and Nagar Haveli and Lakshadweep, which do have tribal sub-plans separately, are also doing with health centres far below the required numbers.

Meghalaya and Nagaland have three CHCs each, against the required strength of 67 and 63 respectively. Mizoram has four CHCs and Dadra and Nagar Haveli just one, against the required number of 60 and five respectively.

Lakshadweep does not have a single CHC, while it has seven PHCs against the 17 required.

What is rather ironic is that even centres operating in tribal areas are short of hands. According to the manpower position (till March 31, 1992) Karnataka has 360 medical personnel against the sanctioned strength of 512, while Maharashtra has 489 against 668 sanctioned.

The case of Manipur, which has a tribal population of five lakh, is rather rare: it is the only state where all the sanctioned 127 medical personnel and 634 para medical staff have been deployed. Of course, even in this state, only five of 35 CHCs and 35 of 221 PHCs are functional.

Maharashtra Health Minister Cites Disease Statistics

94WE0418 Bombay THE TIMES OF INDIA in English 28 Jul 94 p 3

[FBIS Transcribed Text] Bombay, July 27—The incidence of cholera, gastro-enteritis, malaria, jaundice and indigestion has taken a toll of 142 lives in the state, the health minister, Ms Pushpatai Hiray, told the state legislative assembly today. These deaths occurred between June 1 and July 20 this year.

She was replying to a calling-attention motion tabled by a sizeable section of the house, including Mr R.R. Patil (Cong) Raj Purohit (BJP), Mr Datta Patil (PWP) and others.

Stating that heavy rains, insanitation and contamination of drinking water had led to the incidence of these diseases, the minister said instructions had been issued to district and taluka officials to guarantee the supply of drinking water to the villages.

A special team of ten medical officials has been appointed in every district and adequate medicines had

been supplied to primary health centres and hospitals in the rural areas. An additional supply of medicines was despatched to every district in March and July, the minister said.

Also, temporary laboratories have been set up in Adivasi-dominated villages such as Jawhar and Mokhada in Thane district.

Out of 7,04,225 [as printed] blood samples collected in June this year, 20,603 cases of malaria were detected, Ms Hiray said. The rural development department and the urban development department have been asked to coordinate their efforts to ensure the supply of drinking water to the citizens.

Rise in Deaths From Enteric Diseases in Uttar Pradesh

94WE0417 Calcutta THE STATESMAN in English 30 Jul 94 p 5

[FBIS Transcribed Text] Lucknow, July 29—Cholera and gastro-enteritis, which gripped more than 46 districts of Uttar Pradesh, claimed 11 more lives raising the toll in the diseases to 694 and the number of seizures to more than 13,000, reports from districts said here today, according to PTI.

Three members of a family in Kumargarhi in the district died of gastro-enteritis on Tuesday.

A special cell created in the Health Department here confirmed eight deaths in Azamgarh, Sidharth, Nagar, Unnao and Ghazipur districts.

Papers Report on Spread of Malaria

Cases in Bombay

94WE0416A Bombay TIMES OF INDIA in English 25 Jul 94 p 3

[Article by Sanjay Ranade: "Malaria Cases in City Spiralling"]

[FBIS Transcribed Excerpt] Bombay, July 24—Lack of public awareness, hectic construction activity, and waves of migrant labour from neighbouring cities and states have ensured that cases of malaria in Bombay double every year.

"The disease is endemic in the city now," said Dr Alka Karande, executive health officer, Bombay municipal corporation (BMC). In 1991, 5,335 cases of malaria were reported.

The next year, they went up to 11,878 and last year they touched 22,365. The trend is likely to continue this year. And these are only those cases that are reported to the municipal authorities.

"Almost half the population prefers to go to general practitioners and they are not bound to report to us if malaria is detected by them. For our part, these days, we

don't wait for specific symptoms of the disease, like shivering, before carrying out blood tests. As soon as a patient with fever comes to us we take blood samples," Dr Karande said.

"Lakhs of people come in from Thane and New Bombay for jobs and leave the city every day. Labourers at construction sites come from neighbouring states and live in the open. This intermingling of large populations brings our efforts in controlling malaria to a nought," a doctor said.

The situation is not different in Thane and New Bombay. "In my area," said Dr S.V. Pattiwar, health officer with the New Bombay municipal corporation, "at any given time there are between 70 and 80,000 migrant workers on the construction sites."

In Thane, too, construction sites have been identified as breeding grounds for the mosquitoes and the disease. There are large pools of stagnant water at these sites where the anopheles mosquitoes breed. Open overhead water tanks, puddles, in fact, all places holding fresh and stagnant water are breeding grounds for these mosquitoes.

"In places like Hiranandani constructions, buildings being put up by the Maharashtra Housing and Area Development Authority at Borivli and Andheri we found a large number of workers suffering from malaria," said Dr S.V. Pai, assistant health officer, in charge of the malaria prevention section. "The disease is on the rise all over the country," he adds.

According to the doctor, her team concentrates on construction sites these days. But it does not help very much. "In the city areas between V.T. and Parel, old buildings have unhygienic methods of storing water, gutters are stagnant and old mill lands have large open spaces where the water accumulates."

The head of the epidemics department in the BMC, Dr N.N. Karani, said, "There are many government and other official buildings in the city with leaky overhead water tanks. Even a small hole will do for a mosquito to get in. But if these people want to patch this up they need all kinds of administrative sanctions. So nobody bothers."

Dr V.S. Baviskar, health officer with the Thane municipal corporation, has tried to prevent the disease by concentrating on likely patients. "Every month we have a meeting of doctors and insecticide officers. In the area that shows the largest incidence of infection we immediately send in our men. The insecticide men attack the larvae while the doctors take care of the patients. Those who have not been affected are given preventive medicines."

[Passage omitted]

Spread in Jalpaiguri

94WE0416B Calcutta *THE STATESMAN* in English
1 Aug 94 p 11

[FBIS Transcribed Excerpt] Jalpaiguri, July 31—Malaria, which had claimed a life in April in the Dooars spread in two months throughout Jalpaiguri due to lack of coordination between the Medical Department of Jalpaiguri and its Calcutta Directorate. According to a study carried out by the World Health Organization the entire district with about 2.8 million population was living in malaria-prone areas.

While unofficial sources report more than 100 till June this year, the official record, however, states that there were 49 deaths up to June this year.

Of those seven were confirmed malaria deaths, the rest went undiagnosed. The disease also broke out in many of the tea gardens in the district. But the deaths in the region were not entered into the official register since the gardens received no help from the Health Department, other than DDT.

There is scarcity of even that is not available from the department due to shortage of stock.

The district Health Department is facing acute shortage of anti-malarial drugs such as Prima Quine, Cloroquine, DDT, Injection Quine, Quine Sulphate tablets and all other life-saving drugs, besides other medical equipment since the outbreak of the disease.

The department has sent reminders to the Calcutta Directorate, which on the other hand is insisting on the "utilization certificate," from the Jalpaiguri Department, for the medicines, D.D.T. and other items already sent by them and consumed so far.

The Jalpaiguri department itself has not received such certificates from its own units working in the affected areas despite repeated reminders, so the Calcutta Directorate is reluctant to respond.

This lack of coordination has worsened the condition of the people. Without proper medicine the death toll is rising each day. Due to shortage of DDT, the affected areas cannot be sprayed, although 600 workers comprising 106 squads out of the total 180 squads in West Bengal have been engaged in Jalpaiguri district alone.

[Passage omitted]

Hospitals Infecting Patients With New Diseases

94WE0415 Hyderabad *DECCAN CHRONICLE*
in English 1 Aug 94 p 10

[FBIS Transcribed Text] New Delhi, July 31 (UNI)—Hospitals are supposed to cure ailments but instead are infecting patients with new diseases, a study indicates.

Hospital-acquired infections or 'nosocomial infections' are becoming a serious menace to warrant a special drive, according to doctors who responded to the survey in several cities.

Conducted under the auspices on the Indian Journal of Clinical Pharmacy (IJCP), the study was intended as preliminary to a detailed assessment of the problem. However, the study has thrown up several important facts such as that nosocomial infections are particularly afflicting orthopaedic, paediatric, neonatology, obstetric and surgical wards.

Also the type of infection and the rate at which it occurs varies with the number of beds a particular hospital has and the kind of diseases it specialises in.

Since different organisms tend to flourish in different hospitals within the same city at a given movement, adequate vigilance by infection control committees was called for, the IJCP study said.

There also existed the hazard to patients of cross-infections from resistant strains of pathogens apart from acquiring infections from other patients and hospital staff who may act as 'asymptomatic' carriers.

Certain types of treatment such as those involving corticosteroids or surgery can lower a patient's immune responses rendering him increasingly susceptible to diseases which may get to him through bed linen, catheters, endotracheal tubes and other medicare equipment.

To begin with a patient's susceptibility to infection may already be high due to his original complaint and could be further compromised by such factors as age and poor nutrition, the study said. Of particular concern was hospital-acquired pneumonia among critically-ill patients and which appears to defy advances in the use of broad-spectrum anti-microbial agents and often escapes timely detection. Participants in the IJCP study agreed that hospitals cannot evade responsibility for infections among patients admitted to their care.

With the increasing use of disposables, the danger from certain categories of equipment has been reduced but larger charitable hospitals still depend heavily on sterilised reusables.

The study also blames frequent visits to patients by relatives who bring all kinds of microbes into hospital disturbing their ideally sterile environment.

Finally hospitals needed to have good diet services to ensure that patients do not depend on foodstuffs brought in from outside which was a potential source of infection, the study noted.

PAKISTAN

Study Reveals 57 Percent Increase in Karachi Cholera Cases

BK1708101494 Karachi DAWN in English 9 Aug 94 p 4

[FBIS Transcribed Text] Karachi, Aug 8—A joint six-week study carried out by the Aga Khan University Hospital and the Civil Hospital Karachi has indicated a

57 per cent upsurge in cholera patients, with 37 per cent of such patients being infants, while 70 per cent of the child victims are under 5.

During the study period June 8-28, random stool samples of a small number of patients with acute watery diarrhoea, who had attended the Civil Hospital Karachi between 8 a.m. to 3 p.m., were examined for the presence of vibrio cholera pathogen which causes cholera. About 35 percent of the samples collected before the July 2 rains yielded the organism as compared with 55 per cent after the rain started.

The study had also pointed out that 57 per cent of all the random samples tested for cholera pathogen were found positive indicating the prevalence pattern of the disease.

The Head of the Department of Community Health Sciences at the Aga Khan University, Dr. Joseph B. McCormick, who compiled the study report, also pointed out that geographically cases of gastroenteritis and cholera show a similar distribution.

He added that sporadic cases of cholera have been identified from all the districts of the city including areas of Defence, Clifton, Bahadurabad and North Nazimabad. Pockets with higher density of cholera cases include Lyari and the adjoining areas (including Rexr Lane, Usmanabad, Old Golimar, Bakrapiri, Chakiwara, Machar Colony, Mewashah, Ranchore Lane, Mohajir Camp, Ghas Mandi, Orangi Town, New Karachi and Malir.

The report also expressed concern at the higher proportion of cholera cases among [as published] infants, for they otherwise are considered in a protective environment, adding that this trend suggested deterioration in environmental conditions including sanitation and water quality.

Dr McCormick also pointed out towards the emergence of a new strain of vibrio cholerae identified as strain 0139 to which the adult population was particularly susceptible.

He warned that this new strain, which was first detected in India and Bangladesh last year and late in Karachi and Bangkok, is still present in Karachi and may reemerge to join the common 01 strain of cholera.

As the cholera strain 0139 is new to the city, adults who have developed resistance to the Strain 01 as a result of childhood exposure to the diseases are still vulnerable to the new strain and must be careful to avoid infection, he added.

So far, this season two cases of Vibrio Cholerae 0139 were detected at the Aga Khan University—the only place, where this strain could be detected in the city presently—suggesting the emergence of the prevalence pattern of the disease similar to last year, when it was first discovered, he pointed out.

Dr McCormick also pointed out that the rapid transmission of the disease could be checked by joint efforts of citizens and civic agencies. It is vital that individuals and families take as much care as possible to prevent themselves from coming in contact with the organisms that cause diarrhoea.

He said that this could be done from drinking water only from a safe source of water that is adequately boiled or

disinfected. Similarly caution should be exercised while eating and handling food items.

As cholera vaccine was ineffective and not recommended by the World Health Organisation, the use of vaccine could be dangerous because it makes people wrongly think that they are safe and thus they stop taking precautions and get the disease.

REGIONAL AFFAIRS

Possible Outbreak of Cholera in Petersburg

944F1303A St. Petersburg SMENA in Russian
17 Aug 94 p 1

[Report by Galina Leontyeva: "Possibility of Cholera Being Brought to St. Petersburg Is Very High"]

[FBIS Translated Text] According to the current data of the Russian headquarters for combating cholera, 447 incidences of disease were registered in Dagestan, and more than 300 persons tested positive as vibrio carriers; 15 persons died. The infection has spread to 24 rayons in the republic. Before 14 August, restrictive measures in Dagestan were instituted in only one rayon; now epidemiologists have reason to believe that quarantine will be imposed here on the entire territory.

The pathogen of cholera is a vibrio (a microbe in a form of a comma). It is expelled from the human body mainly with excrements, or less frequently with vomit. Clinical manifestation of cholera are varied—the disease may take a form of a moderate disorder of gastrointestinal tract, but there are also severe forms, which have a fatal outcome. The incubation (hidden) period is from one or two to five days. Cholera begins without fever; suddenly (most often during the night) an extensive, increasingly more frequent diarrhea begins (without straining or pain). Then vomiting begins, and in severe cases—convulsions...

The last time outbreaks of cholera were registered was in Karakalpakia (1965), in Kerch and Astrakhan (1970-1971), and Vyatka (Kirov)—in 1974.

Last year, a citizen of Lebanon ill with cholera came to St. Petersburg from Moscow for one day. He was immediately hospitalized (after his return to the capital, though), and all his contacts in St. Petersburg were identified.

This time, cholera was brought to Dagestan by pilgrims. It has made its way to Moscow (from Dagestan, India, and Turkey)—14 incidents have already been registered there. Galina Volkova, chief specialist for especially dangerous infections of the St. Petersburg city disease control center, believes that the probability of cholera being brought into St. Petersburg is very high.

What does one do in this situation?

Let us remember that, by the decree of the chief state epidemiologist of Russia, sales of milk and milk products, juices, and soft drinks from Dagestan are banned. Agricultural products and produce supply to the trade sector is not restricted. Therefore, these items need to be thoroughly washed with boiled water. It is also necessary to wash hands before eating.

Going on a trip to the countries of Africa, Latin America, and Southeast Asia, use only water and food guaranteed to be safe (boiled water, factory-packaged food and

drinks); do not buy food from casual merchants, from street stands; when swimming in open reservoirs, try to avoid water getting in the mouth.

This way we can protect ourselves through our own efforts. Meanwhile, city epidemiologists are implementing their measures. For instance, in the airport, they meet all flights from Dagestan. The Ministry of Railroads also is taking its own measures.

And something else. Cholera vibrio was identified in a Suzdal lake (fortunately, not the kind producing an epidemic). Just in case, all three running-water Suzdal lakes have been closed to swimming.

Cholera Threat Eclipses Danger of War in Chechnya

MM1708144994 Moscow IZVESTIYA in Russian
17 Aug 94 p 2

[Report by Nikolay Gritchin: "Chechnya: Talk of Russian Invasion Takes Back Seat to Cholera Onslaught"]

[FBIS Translated Excerpt] Grozny—[Passage omitted] Meanwhile an enemy that has claimed its first victims has already invaded Chechnya. The cases of cholera recorded in Gudermesskiy Rayon last week were too late in seeking medical help. The services of the republic's State Committee for Sanitary and Epidemiological Supervision have decided not to give the precise number of those who have died—there is no accurate information. On the other hand, we know for a fact that the Ogawa cholera vibrio has been discovered in the Aksay River, from where water is supplied for domestic use to tens of thousands of Chechen homes.

Having greeted me, V. Mutsayev, the Chechen Republic's chief state public health physician, rushed to a washbasin and started washing his hands carefully. According to him, cholera can now be caught through contact with anyone, even from running water from a faucet. The fact is that there is a chlorination unit in just one of Grozny's four water supply intakes. The situation regarding water purification is even worse in other cities and rayons in the republic.

According to Mutsayev, the situation is very serious. The closure of the Dagestan region has forced traders from that republic to seek outlets for their goods in neighboring areas. The border with Chechnya, despite the quarantine measures adopted there, has turned out to be too transparent for them. Thousands of Dagestanis have dispersed throughout the republic and, in the public health physician's opinion, now pose a real danger of spreading cholera in Chechnya.

The republic is absolutely unprepared to combat this terrible disease. There are only two laboratories in all of Chechnya that are capable of diagnosing cholera, and they are located in the capital. And the laboratory staff lack the culture mediums to identify the disease. There are no salt solutions or antibiotics in the hospitals to

treat those infected. The republic's Council of Ministers adopted a decision the other day to allocate funds for the purchase of the necessary medicine. This money has not yet reached the public health service. Mutsayev is not pinning any great hopes on it, because it is a drop in the bucket compared with the need. Making a TV appeal to the republic's wealthy citizens, the public health physician asked them to contribute toward combating the disease.

Vakha Khamidovich told me that the leaders of the Russian Ministry of Health and State Committee for Sanitary and Epidemiological Supervision had voiced readiness to help Chechnya. This help has started to arrive in Grozny in small quantities via Makhachkala. My interlocutor believes that in the face of the threat of a large-scale epidemic, Russia should forget about political differences and give Chechnya direct public health support. This step, in the chief public health physician's opinion, would be in the security interests of Russia itself, since an epidemic could spill over into many Russian regions from Chechnya.

The news from the "frontline" of the republic is now gradually giving way to news about the terrible cholera invasion. Republic TV broadcasts begin with this story. It is being discussed in the streets and at bus stops.... Here is one final terrible piece of news—INTERFAX reports that four people have died of cholera.

Unconfirmed Reports of Cholera in Chechnya

LD1708132394 Moscow *ITAR-TASS in English*
1135 GMT 17 Aug 94

[By *ITAR-TASS* correspondent Anna Bakina]

[FBIS Transcribed Text] Moscow August 17 TASS—Sixteen cholera cases have been registered in Chechnya, according to an unconfirmed report. The exact figures are not yet known to Russian medics, according to Russia's chief sanitary doctor Yevgeniy Belyayev.

According to Belyayev, Chechnya is taking emergency measures to restore its crumbling sanitary and epidemiological service system. The sources do not rule out that infection was brought from Dagestan.

Cholera Spreading in Dagestan

LD1708084094 Moscow *ITAR-TASS World Service*
in Russian 0654 GMT 17 Aug 94

[By *ITAR-TASS* correspondent Anna Bakina]

[FBIS Translated Text] Moscow, 17 Aug (*ITAR-TASS*)—A quarantine has been introduced in Dagestan's Shamil'skiy rayon, and yesterday quarantine measures were taken in the town of Izberbash. The cholera epidemic is spreading. Yesterday 35 people became ill (30 more than the preceding day), bringing the number affected to 509.

ITAR-TASS was told at the Russian Health Ministry that doctors will outline to the Russian Government today the measures which should be taken to stabilize the situation. However, the department's specialists do not rely on the quarantine too much and believe that only a high level of sanitary conditions as well as cooler weather will be able to stop the epidemic.

Cholera Vibrio Detected in Voronezh Oblast

MM1808101794 Moscow *SELSKAYA ZHIZN*
in Russian 18 Aug 94 p 1

[Unattributed report: "Creeping Cholera..."]

[FBIS Translated Text] The cholera vibrio has been detected in Voronezh Oblast some 800 km from Dagestan, where the epidemiological situation is extremely negative. The State Committee for Sanitary and Epidemiological Supervision has recorded the presence of the vibrio in the middle reaches of the Don and its easterly tributary the Bitrug (the Oksko-Don Valley).

Let us remind you that one of Russia's big reservoirs—Tsimlyanskoye—is located 400 km downstream.

Government Accused of 'Total Inaction' on Cholera Problem

MM1808113394 Moscow *IZVESTIYA in Russian*
18 Aug 94 p 1

[Report by Svetlana Tutorskaya: "Cholera Approaching Menacingly. Government Virtually Inactive"]

[FBIS Translated Text] The last few days have brought more alarming reports from the "cholera front." According to Ministry of Health and Medical Industry data, another 31 people have fallen sick in Dagestan. As of 17 August the number of people infected stood at 402, while the number of people who had fallen sick was 505. Some 16 patients have already died, people who were late in seeking help. It has not proved possible to curb the cholera; there are frequent violations of exit bans and screening regulations. It is not surprising that panic follows.

Since Sunday [14 August] following the directive issued by Yevgeniy Belyayev, chairman of the State Committee for Sanitary and Epidemiological Supervision, you cannot leave Dagestan without presenting a health certificate; the cashier will simply not sell you a ticket. Needless to say there has already been talk that rich people will even be able to buy such a certificate, nevertheless the chance of infection spreading is dropping. This measure amounts to the introduction of partial quarantine. Within Dagestan itself, according to *ITAR-TASS*, full quarantine has been introduced in the city of Izberbash, where there are many cholera sufferers. People have been banned from entering and leaving here without a doctor's certificate. Admittedly, according to unofficial reports, you can buy a certificate for 40,000 rubles.

According to unofficial information, that is information not provided by the Ministry of Health and the Medical Industry and the State Committee for Sanitary and Epidemiological Supervision, there are also people in Chechnya who have fallen sick and died of cholera.

In the long term only clean drinking water, a good water supply and sewerage system, and the provision of sanitary amenities can eradicate cholera. And the fact that epidemics crop up over and over (there was a cholera outbreak in Dagestan last summer) is primarily the result of omissions and complacency on the part of both the republic government and the Russian Federation Government.

But now since cholera is already here, tough quarantine measures have to be adopted to prevent its spreading. It is strange to see how long the procedure for coordinating quarantine measures takes. Whereas in the seventies quarantine was announced within a day, for many days now the problem has not managed to emerge from the process of coordination and authorization. In particular, before giving authorization, the Finance Ministry is demanding information from medics as to how much quarantine will cost. But when a house is on fire you first have to put it out straightaway and then assess the damage. And why does it take several days for the Foreign Ministry [as published] to authorize quarantine measures? Why did the minister of health not return immediately from vacation? Why is the war between the Ministry of Health and the State Committee for Sanitary and Epidemiological Supervision continuing, with them even giving different figures for the number of sufferers?

Under all circumstances medics should have the first, main, and deciding say in declaring quarantine.

The government seems to be displaying total inaction and jeopardizing the lives and health of many people.

Cholera Epidemic Continues in Dagestan; Moscow Still Clear

*MM1908093394 Moscow IZVESTIYA in Russian
19 Aug 94 p 1*

[Report by Svetlana Tutorskaya: "Bulletin From the Cholera Front"]

[FBIS Translated Text] According to Ministry of Health and Medical Industry statistics, as of 18 August there were 524 cholera patients [zabolevshiy] in Dagestan and a further 408 people infected with the disease. In the last 24 hours another 15 people have fallen sick.

Rumors about the emergence of cholera in the Moscow area turned out to be a false alarm. A boy suspected of having cholera was brought into a Krasnogorskiy Rayon hospital. The prognosis [as published] was not confirmed. The child is recovering.

Cholera Affects 553, Kills 17 People in Dagestan

*LD1908101594 Moscow ITAR-TASS in English
0823 GMT 19 Aug 94*

[By ITAR-TASS correspondent Anna Bakina]

[FBIS Transcribed Text] Moscow August 19 TASS—There are 553 cholera patients and 425 vibrio-carriers in Dagestan, according to the latest information received by ITAR-TASS from the State Committee for Sanitary and Epidemiological Inspection on Friday. The disease took the lives of 17 people.

Cholera spread to 26 districts and 81 villages and towns in the republic.

Quarantine measures in the republic were imposed on the city of Izberbash, Shamilevskiy district, and 17 villages.

As for press reports on cholera patients in the Altay territory, committee epidemiologists explained to ITAR-TASS that not a single cholera case was registered in the territory.

Reports were caused by a medical checkup of four people who returned from a commercial trip to India and Pakistan and who were supposed to have contacts with cholera patients. Following an incubation period, the cholera vibrio was not found in their bodies.

Cholera Reported in Chechnya

*LD2208150294 Moscow Mayak Radio Network
in Russian 1240 GMT 22 Aug 94*

[FBIS Translated Excerpts] [passage omitted]

Four persons have already died from cholera in the settlement of Engel-Yurt in Gudermesskiy Rayon. Official authorities have prohibited the sanitary-epidemic station to reveal that these people have died from cholera. [passage omitted]

Cholera Epidemic Causes Concern; New Instrument Designed

*LD2208120594 Moscow ITAR-TASS in English
1143 GMT 22 Aug 94*

[By ITAR-TASS correspondent]

[FBIS Transcribed Text] Moscow August 22 TASS—The cholera epidemic in Dagestan gave rise to concern of local authorities and medical services in regions adjacent to Dagestan. There are 633 cholera cases in Dagestan now, which attests to the spread of the disease.

A cholera case was registered in Barnaul, a woman who returned from a trip to India, Aleksandr Kirichkov, deputy chairman of the Committee for Health of the Altay territorial administration. The group of 13 in which the woman was returning from the tour to India was taken off a train at one in the morning on August 20. All the tourists have been hospitalised. The cholera case has a light form of the disease and her life is not in danger. Cholera was not found in members of the group who were in touch with her. They are under observation and undergo preventive treatment. The council of the territorial administration decided to limit tourist trips of

residents of the Altay territory to countries where there are cases of cholera. It also suggested the issuing of temporary residence permits to foreigners and other measures.

Concerned over the cholera epidemic in Dagestan, experts of sanitary inspection in Stavropol held a check on the hygienic situation. They established that there are some 50 unsanctioned garbage dumps in the city that can be a breeding ground for infection. Fines were imposed on those responsible for forming garbage dumps.

Science offers help to those suffering from the epidemic. On a basis of a number of discoveries in physics and biophysics, radiophysicists of bionics research and production enterprise in Nizhniy Novgorod designed an antibacterial instrument "Biophon" that operates at a distance. It is a miniature safe device for the treatment of humans and animals suffering from cholera, pneumonia, angina, bronchitis, meningitis, tuberculosis and a number of other chronic and acute inflammation processes. The device activates the immune system increasing the speed with which bacteria and fungi are destroyed. When a human organism is affected by a cholera vibrio, bacteria are suppressed by human's own bacteria in the intestine. Cholera is cured in three days.

In order to help Dagestan it is necessary to carry to Nizhniy Novgorod a cholera embryo sealed in a tube or an ampule, specialists say. It will be necessary to verify the effectiveness of the device against a specific serotype of the cholera embryo that caused the epidemic. A patient is able to operate a device weighing 100 grams by holding it at a slight distance.

Cholera Spreading Across Region

LD2208201394 Moscow NTV in Russian 1800 GMT 22 Aug 94

[FBIS Translated Text] The geography of the cholera epidemic is increasing. Now you will see the chart of the cholera epidemic in the CIS. [Video shows map of the former Soviet Union where the following areas are marked as being affected by the cholera epidemic: Vyborg, Moscow, Voronezh, Moldova, Yessentuki area, Elista, Makhachkala and the area between them, and two locations in Kazakhstan].

And here is the news from Russia today: there are four cases of cholera in the Altay Kray. Experts say that cholera has been imported into Barnaul from Dagestan. Three people are in the hospital in the settlement of Yuryevets, Vladimir Oblast, with suspected cholera. One diagnosis has already been confirmed. In the village of [?Khar-Talga] in Kalmykia, one person has been taken to the hospital with cholera, and four are in the hospital with suspected cholera. There is one case of cholera in Omsk. The Russian Federation ministry for emergencies told RIA that the epidemic of cholera is spreading in Dagestan. Outbreaks have been registered in 104 locations of the republic. There are 634 cases of cholera and

607 carriers of the virus. From the start of the epidemic, 18 people have died. The latest to die was a young child.

Cholera Spreading in Dagestan; Cases in Kalmykia, Vladimir

LD2208060694 Moscow ITAR-TASS World Service in Russian 0339 GMT 22 Aug 94

[By ITAR-TASS correspondent Roman Zadunayskiy]

[FBIS Translated Text] Moscow, 22—At present 609 people in Dagestan are suffering from cholera, there are another 547 carriers of the germ, and 18 people have died since the beginning of the epidemic, ITAR-TASS learned from the operational duty service of the Russian Ministry of [Civil Defense,] Emergencies [and Natural Disasters]. The situation remains the most serious in Shamil'skiy, Derbentskiy, Untsukul'skiy, Tlyaratinskiy, and Kayakentskiy rayons and the towns of Izberbash and Derbent.

Cholera has also been registered in Kalmykia. Thus five people with suspected cholera were brought to the infectious diseases section of the hospital in the village of Yashkul from the village of Khal-Tolga (100 km to the south-east of Elista), and in one case the diagnosis was confirmed. Sixty-five people who had had contacts with the patient have now been examined. They are all under medical supervision. Quarantine has been introduced on the territory of the Khal-Tolga state farm. A field hospital with 25 beds has been set up in the village of Yashkul. Shortage of medicaments makes it impossible to carry out sanitary and anti-epidemic measures on a full scale.

Cholera is also creeping into Central Russia. The disease has been found in a young inhabitant of the village of Yuryevets in Vladimir Oblast. His mother, who had recently returned from a tourist trip to India, may have been a germ carrier. Eleven people who had had contacts with the patient have been taken to the town hospital.

A series of anti-epidemic measures is being carried out.

More Cholera, Anthrax Cases Reported in Kalmyk Republic

LD2308192994 Moscow ITAR-TASS in English 1817 GMT 23 Aug 94

[Article by ITAR-TASS correspondent Viktor Erendzhenov]

[FBIS Transcribed Text] Elista August 23—Five cholera cases have been identified in Kalmykia by Tuesday. The number may increase by September 1 since 2,500 Kalmyk schoolchildren, now visiting their relatives in Daghestan, will return home by the beginning of the school year, Kalmykia's national health department director Daniil Khakhlynov predicted.

The situation is actually alarming. Kalmykia is not only adjacent to Daghestan. Motorways and railways traverse

the steppe republic en route to Moscow and Russia's industrial centres. In addition, Kalmykia has a Daghestani population of about 20,000.

The cholera focus in the settlement of Khar-Tolga in the Yashkul district, has been already localised. Four seasonal vegetable growers were infected by an affected female who had recently tripped to Daghestan.

The republic's emergency epidemiological commission passed an ordinance which prohibits the entry into Kalmykia of Daghestan's citizens who live in residential areas under quarantine and who have no papers certifying that they had passed the established medical check-up.

Anthrax was identified at the Manych state farm, in Kalmykia's Iki-Burul district. Four villagers were admitted to a district hospital's infection department after they cut a killed cow. Only 70 kilos of anthrax-infected meat was taken away from residents. The rest is likely to be consumed.

Four Deaths; 28 Cases of Cholera in Chechnya;

LD2408202194 Moscow Russian Television Network in Russian 1600 GMT 24 Aug 94

[FBIS Translated Text] Cases of cholera are now being reported in places other than Dagestan. Yevgeniy Belyayev, head of the Russian state health and epidemiological service, has heard that there have been 28 cases of cholera in Chechnya and four fatalities.

According to Belyayev, Russia is prepared to offer help to Chechnya in the form of preventive measures, but only if the safety of the medical personnel is assured. At the moment, help is being provided with bacteriological preparations.

Government Adopts Decision on Dagestan Cholera

LD2408191594 Moscow Radio Rossii Network in Russian 1700 GMT 24 Aug 94

[FBIS Translated Text] Additional measures to localize cholera are envisaged by a special decision of the Russian Government "on measures to eliminate cases of cholera in Dagestan." The document was issued by the government press center on Wednesday. It points out that stepping up health and epidemiological checks on transport at stations and airports in the present situation is essential.

It has been recommended that the Dagestan Council of Ministers not allow citizens to leave centers of the epidemic without preliminary medical certification. The decision also points out the need to provide individual water purification systems for the population in those places where central systems for disinfecting water are lacking. The decision proposes supplying additional medicines and means of disinfection to Dagestan and also sending specialists.

Cholera Situation in Daghestan Updated 24 August

LD2408092994 Moscow ITAR-TASS in English 0853 GMT 24 Aug 94

[By ITAR-TASS correspondent Veronika Romanenkova]

[FBIS Transcribed Text] Moscow August 24 TASS—The situation in Daghestan, affected by cholera, remains tense as the number of the sick and virus carriers is growing.

Over the past 24 hours 22 people who contracted cholera and 33 virus carriers have been hospitalized. At present, the total number of patients undergoing treatment is 273. 367 patients have recovered and a special treatment was given to 346 virus carriers, ITAR-TASS learned from the Russian Health Ministry.

Doctors have expressed special concern about the spread of cholera outside Daghestan. According to latest reports, five people affected by cholera were reported in the Yashkulska region of Kalmykia, and one incident—in the city of Kislovodsk.

Fourteen Cholera Cases Registered in Moscow

MM2408082994 Moscow KOMSOMOLSKAYA PRAVDA in Russian 24 Aug 94 p 1

[Unattributed report under the general heading "Eighteen Measures Against Cholera: Chronicle of Epidemic"]

[FBIS Translated Text] Moscow—Fourteen cases of cholera have been recorded in Moscow. There are rumors about the first deaths from the disease. These rumors have not been confirmed by either the city or oblast public health administrations.

But somebody has died nonetheless around one and a half months ago. And not from cholera. Although that was the diagnosis that was ultimately made. In early July this individual and his companion arrived from Dagestan to sell potatoes. On 14 July he was taken by ambulance to an infectious diseases hospital with severe poisoning. The cause of death was thrombosis of the pulmonary artery. An autopsy also revealed the presence of cholera, which, according to the specialists, had no bearing on his admittance to intensive care. His companion was hospitalized and has been cured.

Ten Rwandan refugees (most of them carriers) under the patronage of the Ministry for Emergency Situations are currently in one of Moscow's infectious diseases hospitals.

Cholera Situation Around Country Reviewed

MM2608150994 Moscow IZVESTIYA in Russian 26 Aug 94 p 1

[Report by Svetlana Tutorskaya: "Cholera on the March. Considerable Funds Being Mobilized Too"]

[FBIS Translated Text] According to figures from the Russian Ministry of Health and Medical Industry, as of 25 August 677 people had been taken ill since the epidemic started and 654 had been infected. There are currently 264 people undergoing inpatient treatment. Fortunately, there have been no deaths in the past two days. The epidemic affects 104 population centers in Dagestan.

There are still five cholera patients in Kalmykia. A girl who arrived in Kislovodsk from Dagestan and fell sick there with cholera will soon be leaving the hospital. One carrier has been identified in Altay Kray. He "brought in" the infection from India.

Meanwhile, those oblasts where cholera is already present are counting the cost. Preventive measures in Stavropol Kray after a cholera patient appeared have cost 92 million rubles, Nikolay Gritchin, a Stavropol correspondent, reports. Monitoring everyone who has been in contact with the patient and carrying out preventive measures will still cost a lot of money.

Cholera Quarantine Measures in Dagestan 'Sufficient'

MM2608144494 Moscow KRASNAYA ZVEZDA in Russian 26 Aug 94 p 1

[Report by Oleg Getmanenko: "Attack on Cholera Stepped Up, Although Anxiety Remains"]

[FBIS Translated Text] Yevgeniy Belyayev, chairman of the Russian Federation State Committee for Sanitary and Epidemiological Supervision, has described the quarantine measures introduced in the Republic of Dagestan as sufficient. There are no blanket quarantine restrictions, he stipulated at a press conference devoted to this problem. However, it is possible to leave Dagestan only after medical examination and laboratory tests, and the 16 population centers in which the majority of new patients are appearing can only be left after undergoing five days' observation. The republic is effectively closed to tourists.

The epidemiological situation here remains extremely severe. As of 24 August 686 people had been identified as suffering from the disease, and 669 as carrying the disease. Eighteen people have died. Three hundred and eighty-eight cholera sufferers and 375 carriers are being kept in hospital for treatment.

Over 100 Russian epidemiologists, bacteriologists, and public health physicians are currently working in the republic in three specialized antiepidemic teams. Around 12,500 people have received prophylactic antibiotic treatment, and over 4,000 people suffering severe kidney complaints and up to 10,000 people who have been in contact with cholera sufferers and cholera carriers have undergone bacteriological examination for cholera. Over 3,000 studies of samples of the water in surface reservoirs, 1,801 samples of seawater, 940 samples of stagnant waters, and over 2,700 samples of

drinking water have been carried out. Nearly 600 million rubles have been allocated for the acquisition of everything needed in the fight against the threatening disease.

Three cases of the infection's being imported from Dagestan to Moscow, one case each of its being imported to Moscow Oblast, Kislovodsk, and Yessentuki, and five cases of its being imported to Kalmykia have been recorded in the course of the summer. Cholera carriers have been diagnosed in Omsk, Barnaul, and Vladimir.

Yevgeniy Belyayev forecasts that the epidemic situation will have significantly improved by mid-October. In his words, by winter the breeding grounds of cholera in the country should have been finally localized and eliminated.

Dagestan Acts To Localize Cholera Outbreak

LD2308171194 Moscow Ostankino Television First Channel Network in Russian 1400 GMT 23 Aug 94

[from the "Novosti" newscast]

[FBIS Translated Text] The alarming situation in Dagestan has made the republican government introduce additional measures to localize the cholera foci. The heads of local administrations have been granted the right to close down any enterprises, independent of their form of property, which violate the rules for controlling the epidemic. Arrivals at and departures from inhabited localities are categorically prohibited without the prescribed certificate. Events with a large number of people participating have been banned. Sanitary cleansing of cities and settlements has been stepped up. Individuals responsible for chlorinating the water have been named. The question of postponing school classes is also being discussed.

Roundup on Infectious Diseases in Russia, Ukraine

MM2408090594 Moscow KOMSOMOLSKAYA PRAVDA in Russian 24 Aug 94 p 2

[Reports by Igor Klimov, Yekaterina Grigoryeva, Aleksandr Khokhlov, Aleksey Sinelnikov, and Yuliya Vodzakovskaya under the general heading "'Forgotten' Diseases"]

[FBIS Translated Text]

Ukraine

The Ukrainian State Public Health Inspectorate reports that 21 cases of anthrax have been identified in the republic (one man has already died). There are three cases in Zaporozhye alone....

The trichinosis stimulant is a gourmet—it prefers pork. But when it gets into humans it attacks them too. More than 50 people have been hospitalized in Krivoy Rog alone. And there are already around 1,030 cases of

diphtheria in the Ukraine, of which 182 are children. Fifteen adults and six children have already died.

Voronezh

The first case of malaria has been recorded in Voronezh Oblast. The virus was brought in by migrants from Tajikistan. The carrier was infected at an infectious diseases hospital in Voronezh. At the same time, anthrax has been declared a problem in the south of the oblast. It transpires that the disease came from a hog butchered on a homestead. Having eaten the infected pork, a family of four and two servicemen who bought the meat were infected.

Perm Oblast

Of the 22 children from a boarding school in the settlement of Rudnyy, Perm Oblast who were hospitalized with gastro-intestinal problems at the infectious diseases department of the hospital in the nearby town of Kizel, eight have been identified as having the dysentery bacillus.

Leningrad Oblast

Of the 102 children hospitalized from a boarding school in the city of Petrodvorets with suspected dysentery, 34 have been confirmed as having the disease.

Yuzhno-Sakhalinsk

Twenty-six children, of whom 22 have been hospitalized, have come down with dysentery since 8 August at a children's home owing to the use of poor-quality water. One child has died.

RUSSIA

Vadim Pokrovskiy Interview on AIDS Situation

94WE0333 Moscow PRAVDA in Russian 6 Jul 94 p 6

[Interview with Vadim Pokrovskiy, director of the Russian Scientific Methodological AIDS Prevention Center, conducted by Marina Eratova, date and place not given: "AIDS Is Marching On: World Health Organization Estimates 14 Million HIV Carriers"]

[FBIS Translated Text]

Rudolf Nureyev, Freddie Mercuri, Rock Hudson are long since mourned and buried. Ever more often one hears the death knell sounded for new victims. Some see AIDS as a punishment for earthly sins. They say it is the plague visited by God upon drug addicts and homosexuals. And indeed, this cloud has a silver lining: unrestrained sex is giving way to more reserved mores. Yet, in the meantime, HIV, the immune deficiency virus, continues its triumphant march over the planet, mowing down not just "sinners," but their accidental fellow travelers as well.

Up to 50 percent of the population in Central African nations are infected with AIDS; in Brazil, 1.5 million; in India, 1 million. In the United States, HIV positive individuals make up 2

of the population. In Western Europe, the situation, according to official statistics, is slightly better. However, the recent scandal in West Germany, where a thousand people were infected by contaminated donor blood, is clear evidence that the AIDS threat is ever present.

Russia has succeeded, to some extent, to contain the triumphant march of AIDS. Official records list a total of 774 HIV carriers; 111 of these have died, 48 have been diagnosed with AIDS, the remaining are HIV positive. However, this is merely official statistics. We do not really know how many infected people do not suspect that they harbor the disease. The problem has finally reached the hallowed halls of the State Duma, which is now about to pronounce a legislative verdict on AIDS. At this point, there is a wide difference of opinions... We asked Vadim Valentinovich Pokrovskiy, director of the Russian Scientific Methodological AIDS Prevention Center, to shed light on the situation.

Question: Why is a new law on AIDS necessary?

Answer: There are serious reasons to pass a law. The HIV epidemic is growing on a global scale and AIDS-infected patients are now counted in the millions. About a million people in the world have already died of this disease. The epidemic is advancing into Russia. In order to effectively fight AIDS, we need a legislative framework. However, there is no common approach to the fight against this disease, because, in many respects, the problem is associated with social and ethical issues.

Some legislators champion harsh repressive measures. They believe compulsory methods offer the best solution and propose mandatory testing of the entire population for HIV virus and "confinement" of all patients in special health centers. Incidentally, AIDS patients are quarantined in Cuba. One has to acknowledge though that the quarantined patients there live in relatively good conditions, and barbed wire fences around clinics are hardly noticeable.

Question: People afflicted with plague or tuberculosis are also carriers of dangerous contagious diseases, which, moreover, are airborne. What should one do with them? Why don't we create special clinics to hold hepatitis patients? This too is an infectious disease, and one can do little to avoid infection, which in many cases has a lethal outcome?

Answer: There are also many other viral infections transmitted through blood or by sexual intercourse. This raises the question of whether we should quarantine all infectious patients—and where to do this and for how long. I do not believe this will solve the problem and benefit others. Temporary measures may allay fears, but

they will hurt HIV-infected people, who suffer socially and morally more than patients stricken by any other infectious disease. At the same time, the fact that they are quarantined can create an illusion that the risk for others has been eliminated.

Question: What is proposed by those who are less harsh in their attitude to HIV-infected patients?

Answer: The alternative approach to these patients is entirely different. It is practiced in Switzerland, France, and West Germany. Virtually no effort is made in these countries even to locate HIV carriers. There is no general population screening for AIDS. Instead, all available resources are spent on providing people with necessary information about this deadly disease. Each individual is then left to make his or her own decision as to whether they would wish to subject themselves to the risk of infection. Most other countries have found a middle ground in the fight against AIDS.

There was a time when foreigners described the fight against AIDS in Russia like this: they imagined that AIDS never penetrated Russia because they thought communists simply put all HIV-infected people before the firing squad. In reality, in the mid-1980's, we adopted what can be described as a middle ground approach to AIDS prevention: half democratic and half repressive. Our previous AIDS policy did not require quarantining HIV infected people, but AIDS prevention was enforced by harsh laws with serious criminal penalties: in case of an actual transmission of HIV infection, the guilty individual was subject to an eight years' prison term, or up to five years for simply exposing others to infection. Several people were tried and convicted. It was later decided to identify all HIV infected people by screening blood for antibodies to the AIDS virus.

For seven years, starting in 1987, we screened a considerable fraction of our population 140 million and found a total of 774 HIV positive people. Thus, an equivalent of \$150,000 was spent to detect each case.

Question: But despite strict laws, the carriers that have been identified remain in society and can become a source of new infection. They hope they would be lucky and, at any rate, whatever they do, nobody will ever find out.

Answer: This approach indeed gave rise to a multitude of legal difficulties. For instance, what should be done if a wife has been infected with HIV as a result of blood transfusion, and the husband decided to stay with her? Would she be criminally liable if she ended up transmitting the disease to her husband? A homosexual may be reluctant to report that he is infected, because he would then have to tell the embarrassing truth about his lifestyle: so far in Russia, few would like to divulge this kind of information about themselves. However, the AIDS problem is not limited to homosexuals and drug addicts. In fact many other population groups are affected by the disease.

The current law and the criminal penalty for violators, in the past seen as a solution by so many people, have not really significantly affected the spread of AIDS. The current social mores and the ongoing "loosening up" in our society have permitted many anonymous "sinful liaisons." The real problem lies with the fact that the majority of HIV-positive people have no idea of their condition, because there is virtually no possibility of simultaneously screening the entire population. It is a physical and economic impossibility.

The health services today are deciding which group they would be able to screen for AIDS. Every year new groups are defined: homosexuals, drug addicts, venereal disease carriers, the homeless, people with promiscuous sexual behavior, etc. But for the most part members of these groups are not registered, nor are they likely to come in voluntarily for a checkup. Mandatory AIDS screening is required for pregnant women, patients admitted to hospitals, prison inmates, and some others. As a result, AIDS screening is done annually on 24 million people, including 7 million screened for no defined criteria and classified as "others."

Question: What explanation is offered by medics themselves?

Answer: They say that they want to identify HIV positive patients to protect medical personnel. This reminds me of an overheard conversation between two little old ladies on the bus. One said, "Finally, I have all the paperwork I need to get admitted to the hospital. I just got the most important statement from the doctor." And she showed her friend a document confirming that no AIDS virus antibodies had been found in her blood. This is how federal money is wasted on millions of tests done without any rationale or logic. About 6,000 people are getting salary for what, frankly, amounts to compulsory AIDS screening of the population. In the meantime, there is virtually no preventive and educational work. They will take your blood for an AIDS test without your consent, and as long as everything is okay, there is no need to be worried.

There is a group that has developed a cottage industry: they sell tests for HIV infection. If a law on comprehensive mandatory AIDS certification is passed, these people will land a huge government contract and make a killing without having to think much about the quality of their product.

At a recent conference held by Yu. M. Baturin, the Russian Federation Vice President for National Security, in anticipation of the passage of the new law "On Prevention of the Spread of the Virus of Human Immune Deficiency Syndrome in the Russian Federation," proponents of repressive methods of fight against AIDS suggested that the entire population of Russia should be screened for AIDS in a compulsory manner and that all HIV infected people be segregated. While the Duma continues its deliberations about the new law, these people have sent a letter to the President, which

reads in part: "Since some 15 percent of the population is tested in Russia annually, we can estimate the total number of unregistered cases at 5,000-7,000. In the conditions of unrestrained spread of the virus, this number for Russia should rise to 1-1.5 million HIV carriers in 1994. We appeal to you personally, because we feel that it would be futile and dangerous to raise this question in an open forum. The main reason is that AIDS is no longer a medical, but a geopolitical problem."

Question: What is your view of the new law on AIDS prevention?

Answer: It is unrealistic to subject the entire population to mandatory screening for the AIDS virus, especially if the patients know that a positive test would lead to forced isolation. In fact, how would this be organized: will we have armed medical squads corralling people up? Another question is, where would we find the tremendous resources needed for the testing and for the upkeep of the AIDS patients? There are in fact some more realistic issues. The concept that our center has developed for the State Duma seeks to update the existing law and bring it into conformity with the current stage of development of our society. Constant education of the population on available methods of AIDS prevention, something that was absent in the past, should become the top priority in government's responsibility for the fight against AIDS. The current AIDS law is concerned only with population testing and screening. The second point proposed by us is reducing the scope of mandatory screening and subjecting only blood donors to compulsory tests. After all, the recipient of a blood transfusion cannot protect himself. Therefore, the government must investigate, if not the donor, then the blood that is used for transfusion. My personal opinion is that surgeons should also be tested. At the first reading of the draft AIDS law, the Duma proposed mandatory HIV testing of foreigners arriving in Russia for work or study.

Question: Vadim Valentinovich, in the United States, for example, government employees, including the President of the United States, are subject to mandatory AIDS testing. Immigrants arriving in the United States for permanent residence are also subject to mandatory testing. This is done not only for epidemiological reasons, but also to avoid future spending on AIDS treatment. Would it make sense in Russia to define legislatively certain professional groups which would be subject to AIDS testing?

Answer: Absolutely. Certain professional groups that work with sources of potential hazard should be tested. But generally our position is this: we do not object to mass population screening, but it should be done voluntarily with the consent of the people and must always be accompanied by preventive information. All HIV carriers should retain their civil rights and be subject to no moral or physical restrictions. They should also have access to treatment with the most recent available drugs.

Question: Can they be cured? As far as I know, this is an incurable disease. A person infected with HIV is doomed.

Answer: Today there are drugs which can considerably extend the life of such patients. Many people confuse the concepts of an AIDS patient and an HIV carrier. With an optimal choice of treatment modality and a change of lifestyle, when some of the stresses are removed, an HIV carrier can remain functional and able-bodied for an indefinite period of time.

Question: How long do we have to wait until the new law of AIDS is passed?

Answer: As long as the Duma deliberates.

Question: What if its deliberations are cut short by a presidential decree? That certainly would be no surprise: this has now become almost a "standard operating procedure."

Conference Views FSU Sickness, Mortality Trends

MM2608143994 Moscow NOVAYA YEZHEDNEVNAYA GAZETA in Russian 26 Aug 94
p 3

[EFIR-DAYDZHEST report: "We Receive Diagnosis in Beijing"]

[FBIS Translated Text] An international conference has been held in Beijing to discuss the questions of social provision in the Russian Federation and the Central Asian states of the former Soviet Union. Well-known specialists from Harvard University, the World Bank, and other organizations have been taking part.

The conference participants noted that there has been too abrupt a transition on the territory of the former Soviet Union from a centralized planned economy to a market economy, and that this has led to the traditional system of social provision virtually ceasing to exist.

According to the acting general director of UNICEF, mortality has increased in most of the CIS countries. Over the past four years 1.4 million more people have died. In the space of four years— from 1989 through 1993—average male life expectancy in the Ukraine and Russia fell by five years. There has been a certain increase in infant mortality, including as a result of premature births. Respiratory diseases that used to be diagnosed and treated comparatively easily have now suddenly become the main factor behind juvenile mortality in the Central Asian republics. In certain CIS countries children are getting almost none of the inoculations they need owing to vaccine shortages and the complete collapse of the social welfare system. Consequently, there has been an increase in cases of diphtheria, poliomyelitis, and cholera. Mortality rates due to accidents and suicides are also increasing among young

people and teenagers. Crime and the use of drugs and alcohol have also increased to a certain extent.

But in order to solve the problem of social provision in the CIS countries it is not enough to return to the former positive experience of the work of the system of social protection (there has been good experience, for instance, in the sphere of child health care, which raises the CIS countries and Russia above the common run of developing countries). A general effort will be needed from the international community—which is why UNICEF has already announced that it intends to allocate \$50 million in the next five years to provide financial help for the needs of elementary health care, education, and nutrition [pitaniye] for women and children. The fund also plans to accept corresponding donations and aid.

Infectious Diseases Spreading Throughout Regions

LD2608071694 Moscow ITAR-TASS in English
0702 GMT 26 Aug 94

[By ITAR-TASS correspondent Nikolay Manvelov]

[FBIS Transcribed Text] Moscow August 26 TASS—At the end of summer the number of those who contracted dangerous infectious diseases has been on the rise on the territory of the Russian Federation, an official on duty from the Russian Ministry for Emergency Situations told ITAR-TASS.

The situation is especially dangerous in Dagestan where an epidemic of cholera continues, and other regions of the country. By August 25, 672 cholera patients and 668 virus carriers had been reported in 29 regions and 110 settlements of Dagestan.

Cholera virus was found on the territory of Kalmykia, the Vladimir region (the town of Yurvet), in Barnaul, Ryazan. Cholera incidents were reported on the territory of Chechnya.

13 people contracted anthrax in the Voronezh region. A growing number of people, predominately children have been affected by dysentery. A record number of dysentery victims (70) was reported in the towns of Kurchatov (the Kursk region), Petrodvorets (97) and the Sakhalin region (over 100 cases). Over 50 incidents of salmonellosis were reported in Bashkortostan.

Outbreak of Anthrax Among Servicemen in Voronezh

LD2208120694 Moscow ITAR-TASS in English
1142 GMT 22 Aug 94

[By ITAR-TASS correspondent Anatoliy Starukhin]

[FBIS Transcribed Text] Voronezh, central Russia August 22 TASS—Seven servicemen and their family members from an army unit stationed in Voronezh have been hospitalised with anthrax. The disease was caused

by eating meat which had not passed sanitary control on the border between the Voronezh and the Kursk regions in central Russia.

235 kilograms of meat were sold by private sellers to about fifty people and could be consumed by up to 130 people. Some of them have been identified and the contaminated meat confiscated. Measures are being taken to suppress the spread of disease.

Fortunately, the disease has not been very serious so far.

Seventeen Hospitalized With Anthrax

94WE0410A Simferopol KRYMSKIYE IZVESTIYA
in Russian 19 Aug 94 p 1

[Article: "Anthrax Outbreak"]

[FBIS Translated Text] This dangerous disease has been recorded in Leninskiy Rayon.

A cattle herd of 200 head at the Kolkhoz imeni Voykov was declared to be diseased.

According to the plan drawn up by the local executive committee the stricken cows are to be destroyed. Seventeen persons have been hospitalized with anthrax.

Tuberculosis Rises Sharply in Maritime Kray

94WE0410B Moscow PRAVDA in Russian 19 Aug 94
p 1

[Article: "Tuberculosis Unfettered in Maritime Kray"]

[FBIS Translated Text] The number of tuberculosis patients has risen abruptly in Maritime Kray. This year morbidity increased by one and a half times. In the opinion of the kray's chief specialist in tuberculosis Sergey Nekrasov, significant worsening of the social situation is the main cause.

Water- and Food-Borne Diseases on Rise

94WE0352A Moscow ROSSIYSKAYA GAZETA
in Russian 22 Jul 94 p 3

[Article by Andrey Kirillov: "Cholera at Same Time as Plague"; first five paragraphs are ROSSIYSKAYA GAZETA commentaries]

[FBIS Translated Text] In several parts of our country the incidence of diphtheria has reached epidemic proportions. Last year, the number of cases showed a 4-fold increase, exceeding 15,000 people, 4500 of whom were children up to 14 years old. The poor level of sanitary education of the public and small number of people covered by preventive inoculations were the chief cause of the diphtheria epidemic.

In June and July alone, there were 23 recorded cases of cholera and 25 vibrio carriers in the Republic of Dagestan. One patient died. Isolated cases of cholera were recorded in Moscow and other regions.

This report may contain copyrighted material. Copying and dissemination is prohibited without permission of the copyright owners.

Last year, there was an outbreak of typhoid fever which struck 80 people. In 5 months of this year, two foci of the disease have been found, and 31 people were affected.

In the last 2 years, 92 HIV carriers and 13 AIDS cases, and 51,268 cases of syphilis were found in Russia; this year, morbidity rate rose by more than two times in the nation, with higher incidence of rubella, scarlet fever, Q fever, tuberculosis, pertussis, and hepatitis A.

Fines were imposed 7,714 times for infraction of sanitary legislation, and 116 cases were submitted for examination by investigative agencies last year. But this did not help the situation.

The statistics are alarming. There are "fresh" data that frighten everyone. Because of them, many of us first learned about the sanitary and epidemiological situation in which we are living. The data for a national report on this troubling subject were prepared by specialists of the State Committee for Sanitary and Epidemiological Oversight. Writing such "white papers" on public health is a means of analyzing the problem on a full scale and outlining the means of resolving the crisis.

Heretofore, such information was classified, at best, in the "For Official Use" category. More often it was labeled "Secret" or "Top Secret." It is difficult to imagine that the following story, for example, could have pertained to the average reader: "In Prokopyevsk, Kemerovo Oblast, 56 residents were sent to the hospital with acute intestinal poisoning. The cause was poor quality of tap water that was delivered to consumers after lengthy repairs to water pipes had been completed."

To Drink or not To Drink?

While some of us may have escaped the epicenter of epidemics, there is no escape from daily consumption of water. And while the ancients maintained that water is life, our contemporaries find it very difficult to accept such axioms. Natural, pure drinking water has almost become a luxury. And this is not surprising, after all, last year alone, 21 million cubic meters of polluted sewage was dumped into reservoirs of our homeland. Just imagine what sort of "cocktails" a simple laborer has to consume day after day regardless of his religion and education, when an average of 5.4 million tons of chlorides, 96,600 tons of nitrogen, 59,800 tons of phosphorus and 39,400 tons of petroleum products are dumped into surface water reservoirs each year.

The fact that 30 percent of the tested samples of superficial reservoirs, which are the main suppliers of potable water in cities, does not meet hygienic standards in their sanitary-technical indicators and more than 25 percent, in their bacteriological ones, is definitely food for thought.

In order to properly assess the level of supplying the public with water, it is sufficient to visit at least small towns on the Volga River. In some areas, the water pipes

had been "laid already by Roman slaves," and even personnel entering the premises they must service are apprehensive.

To Eat or not To Eat?

It is more difficult to answer this question. The number of people who have been starving in recent times voluntarily or involuntarily has grown appreciably. Some are cleansing their bodies, others are simply satiated, and in other cases personal problems affect digestion. Nevertheless, you cannot escape from food, and for this reason health inspectors devote special attention to testing it. And, according to the statistics, it is not in vain. The share of food samples that do not conform to pertinent standards has diminished according to a number of indicators. For example, nitrates, pesticides, and toxic elements. Another rather important fact is that it has been possible in some regions to rid street merchants of the bad habit of selling virtually from public trash containers. And this is the result: among the largest outbreaks of dysentery, cases of "alimentary" origin are noticeably fading in comparison to the "water" cases. The most serious case was recorded in Lysva, in a local nursery, where 79 children became sick. Physicians relate the rest of the cases—in Vladikavkaz (255 cases), Chita Oblast (119), Maritime Kray (293), and Voronezh Oblast (91)—to poor water.

But there is no special cause to rejoice. Not a week goes by without some cases of poisoning. In some cases beef delivered to the stores disabled the public. The last instance, in Moscow, consisted of 39 victims of trichinosis. In another, swine carrying the same infection were found in a farm attached to the military. A few days ago, there was a serious unpleasant occurrence in the Maritime region, where a tularemia epidemic broke out. It was learned that muskrats raised by local entrepreneurs were to blame. And there is no need to discuss the killing force of strong beverages. The list of their actual victims is enormous, and potentially it is even longer.

In general, our people has become more backward in their attitude toward food in recent years. Now, when they have the opportunity to "feel the difference," and get consistently excellent results thanks to Uncle Ben, you cannot fool consumers with chaff. What does the State Committee for Sanitary and Epidemiological Oversight say on this score? Sad as it is, on the whole the quality of imported foodstuffs is higher than our own.

But for the time being, 12 to 14 percent of the samples of dairy products, fish and fish dishes, mainly of Russian origin, and 7-10 percent of meat products did not conform to food standards according to bacteriological indicators; 1.5 to 10 percent of the food contained heavy metals; there has been exacerbation of the problem of contamination by mycotoxins which are highly toxic, have immunodepressive action and the capacity to induce malignant neoplasms. As they say, it is not something to be discussed at the dinner table.

To Live or not To Live?

Unfortunately, not everyone can make a choice voluntarily. It is not only with water and food that there are troubles. Judge for yourself: last year, 39.6 million cases of infectious diseases were recorded in the Russian Federation, which is 4 million more than the preceding year. More than 10,000 people died of infections. The incidence of itch mite and louse invasion, and sexually transmitted diseases is growing at the fastest rate.

Curiously enough, with the rise in morbidity rate there is also a rise in the economic loss it inflicts. It has been estimated that, lastwinter, each case of viral hepatitis cost the government 544,000 rubles, diphtheria—252,000, acute intestinal infections—50,000-52,000, pertussis—49,000, measles—73,000, influenza and upper respiratory viral infections—40,000-48,000 rubles. In Moscow alone, 28 officially recorded infectious diseases "consumed" 123.8 billion rubles.

If we proceed from the principle that health cannot be bought, it is unlikely that anyone would find it appropriate to discuss "economic" indicators of loss in this difficult sanitary and epidemiological situation. But the health inspectors are convinced of the opposite. The road to good health is not paved with good intentions. Yet today most of them are based expressly on control of infections. After all, more than 100 various sanitary programs have been developed in recent years. But only 12 of them have been funded.

At the present time, a good price has to be paid for health. So that with the present approach to safeguarding it, it remains only to be amazed that it was possible to avoid, for example, serious outbreaks of plague and Siberian anthrax. The situation is also more or less good with regard to cholera. But July brought us a serious epidemic in Dagestan, and very recently two cases of "imported" cholera were recorded in Moscow. One was "imported" from India by a Danish woman, and the other by a southern visitor to the capital. It is unlikely that anyone would offer definite guarantees that something like this will never happen again. At least not if one proceeds from the statistics. For example, in the last 6 months, 2.4 times more cases of syphilis were recorded in Moscow than in the preceding 6-month period. But things are in order with regard to gonorrhea. Its incidence has dropped to one-quarter the former level. God willing, this is only the beginning....

Orenburg Fights Itch Mites

94WE0337B Moscow ROSSIYA in Russian 1-7 Jun 94
p 2

[Article by Akhmet Kalmantayev, Orenburg: "Chief Physician Knew How to Read"]

[FBIS Translated Text] According to the medical statistics, the Orenburg region is experiencing an unprecedented invasion of itch mites. As compared to 1992, the number of people with scabies has increased more than

1.5 times. This can be attributed to many factors, first of all the decline in standard of living of a considerable portion of the population.

Until recently, sulfur ointment was the only panacea against this condition. This ointment has many shortcomings: side effects, terrible odor and its well-known shortage.

Expressly these shortcomings of the conventional agent compelled V. Karyanov, chief physician at the Orenburg Oblast Dermatovenereological Clinic to get hold of the special literature. He stumbled on a description of an ancient method of treatment with Fleming's tincture [aconite] in a book that was long forgotten by physicians. This product, unlike sulfur ointment, can cure the itch in 20 minutes.

At the present time, the Bakoren Pharmaceutical Enterprise in Orenburg started to manufacture this solution. Of course, with the permission of the council for adoption of medical achievements in health care. The results of using this product exceeded all expectations. As early as one month after Fleming's tincture was put on sale, the number of itch cases decreased to less than half the previous level.

Epidemiology Committee Chairman Comments on Disease Trends

94WE0335E Moscow TRUD in Russian 30 Apr 94 p 9

[Interview with Ye. N. Belyayev by Svetlana Pavlova: "Too Bad There Are No Inoculations Against Stupidity—Consumption of Bad Food Has Become the Cause of Death of Tens of People"; first paragraph is TRUD introduction]

[FBIS Translated Text] Outbreaks of infections, pollution of water reservoirs, emission of radiation into the atmosphere—all this is not only the subject of sensational newspaper items, but also a real danger threatening the health and lives of many citizens. Prompt warning about it and information about what one should be careful with today, demonstration of the "geography" of infections—such are the tasks that make up a new category. Today we had a conversation with Ye. N. Belyayev, chairman of the State Committee for Sanitary and Epidemiological Oversight.

Pavlova: Yevgeniy Nikolayevich, you inform the government weekly about the sanitary and epidemiological situation in Russia. What do you report to the "top"?

Belyayev: As a rule, these are short current reports with information about extraordinary situations in different parts of the country, as well as trends in development of infectious diseases. Quite often, we report on events that can be handled by local health care agencies. Nevertheless, our job is to "keep our hand on the pulse."

Pavlova: What are the trends? What is the most typical cause of extraordinary situations at the present time?

This report may contain copyrighted material. Copying and dissemination is prohibited without permission of the copyright owners.

Belyayev: First of all, I would mention the constant rise in so-called "controllable" infections—diphtheria, measles, pertussis. Secondly, food poisoning and intestinal infections. There are people affected virtually every week by consumption of bad food.

Pavlova: Some examples?

Belyayev: Certainly. Between 7 and 10 February, 29 children, mostly up to 1 year old, with intestinal infection were hospitalized in Zaprudnya, in Moscow Oblast. Cottage cheese processed in the children's milk kitchen, which was infected with microflora, was the cause. From 11 to 14 February, 20 people contracted salmonellosis in Stupino, Moscow Oblast. On 22 February, 472 construction workers involved in building a military town in Krasnodar Kray contracted salmonellosis due to poor technology in processing dairy foods. In the second half of February, there was an outbreak of dysentery at Dairy Plant No 5 in St. Petersburg; 106 people were involved. On 4 March, salmonella poisoning struck 53 children at children's association No 117 in Petrozavodsk; they were served an infected casserole dish and eggs. Between 11 and 14 March, 45 students contracted salmonellosis in Ramensk, in Moscow Oblast, after having ground chicken patties for lunch. On 17 and 18 March, 114 people had food poisoning at school No 8 in Amursk, in Khabarovsk Kray, and the cause was undercooked ground beef patties.

In other words, there is a very obvious trend: poor quality of foods plus improper preparation are the main sources of trouble. Rigid supervision of food preparation and quality—only that can solve the problem. One should urgently, even today, put in order the trade of foodstuffs, because chaos in this area could turn into major troubles.

Pavlova: You know everything and you have things under control. Tell us please about the most recent extraordinary event.

Belyayev: Let me remind you of a recent tragedy. In early April, there was mass methanol poisoning in Syzran, Samara Oblast. A total of 64 people sought medical attention, and 19 died. In essence, the victims were employees at a goods station and their families. Upon discovering a liquid with typical odor in a tank that came from Czechoslovakia, they decided to taste it, and treated friends and relatives. Unfortunately, this can also be classified as a typical case.

Pavlova: It would seem that there is a lot of talk about the spread of diphtheria, but reading your reports causes fear. "From 7 to 13 February 362 people were stricken with diphtheria, and 16 people died, including 6 children. Between 21 and 27 February, there were 302 recorded cases of diphtheria, causing death of 14 adults and 2 children; from 14 to 20 March, 368 people were stricken with diphtheria, 9 adults and 1 child died...." And so it goes every week.

Belyayev: Unfortunately, warnings about impending danger are not yet producing the needed results. People are not afraid of "childhood" infections, although people die of them, as in a war, including adults.

I believe that only people can become convinced today only by quoting figures. For example, last year 15,270 people had diphtheria, i.e., more than 10/100,000 population, versus 2.6 in 1992. There were 386 deaths due to diphtheria. That means that the disease takes one human life daily. And this gloomy statistic continues to rise!

Regions where there is minimal coverage with inoculations are affected the most: St. Petersburg, Moscow, Maritime Kray, Leningrad and Tver oblasts. Vaccination of the public is the only reliable way to control the infection. I hope I have made this clear?

Novosibirsk Works on Hepatitis Control

94WE0335F Novosibirsk VECHERNIY
NOVOSIBIRSK in Russian 21 Jun 94 p 5

[Article by Inessa Lasovskaya: "What is More Terrible, AIDS or Hepatitis? Physicians Believe That 'Both Are Worse'"; first paragraph is VECHERNIY NOVOSIBIRSK introduction]

[FBIS Translated Text] Do we need to know that infectious disease specialists are meeting increasingly often and discuss with alarm the threat of invasion in our country by a plague of the 20th century just like AIDS, with a familiar and in no way terrible name of hepatitis? Yes, we used to have some sort of icteric form of hepatitis, and something that is common knowledge comes to mind. It turns out that this memorable hepatitis acquired new forms, and the following three letters of the Latin alphabet, C, D and E were required. It is this new image of hepatitis (with change of mask and difficulty of detection) that places it on a par with AIDS, it strikes man in exactly the same way.

If AIDS is unequivocally called a behavioral disease, hepatitis is roving about without epithets or definitions for the time being. Yet it is indeed transmitted in exactly the same way, via the sexual route, through any abrasion or scratch, medical instruments and donor blood.

In the United States, for example, it has been proven that 85 percent of the patients with chronic hepatitis "caught" it during a blood transfusion. In our country, there are at least 200,000 such patients, and they are the primary disseminators of this disease. Sometimes, unwillingly, because inspection of medical instruments in medical and children's institutions for occult blood confirmed its presence. Yet the virus, as it gathers momentum in blood, does not need much.... If one finds 647 hepatitis virus carriers out of 79,000 blood donors, it means that infection of the public is high. You will, perhaps, be horrified at our light-heartedness, but blood donors are tested only for the B virus, while there is already an entire family of such viruses. One of them, C,

presents a mortal danger. It happens that blood transfused to a postoperative patient will not result in improvement, but worsening of his condition, hepatic insufficiency could develop.

So ... do we need to know that when we are working on one problem we may be faced with another, more frightening one? There is an order, that seems to exist on its own, No 220 of the Ministry of the Medical and Health Care Industry: "On steps to develop and improve the infectious disease service in the Russian Federation"; there is no money to everything that it stipulates must be improved. And it seems that there is no place to find funds for laboratory equipment that would be appropriate for present circumstances. Mandatory testing of donor blood for hepatitis C virus was to start on 1 June, and it was not mandatory before that date. Does this mean that you or your child could have received such untested blood?

There is only one consolation: this city's physicians specializing in infectious diseases have united in an association that is headed by Prof G. F. Belov, head of the department of infectious diseases at Novosibirsk Medical Institute; they hold their own seminar-conferences, organize training of nurses. The permanent meeting place is Municipal Infectious Disease Clinical Hospital No 1, which is experiencing a rebirth nowadays. After 5 years of repairs and reconstruction, and related conservation of the largest building, there was a long-awaited housewarming. This happened on Friday, 10 June.

This event made it possible to open two new, or more precisely, modern departments according to all standards: a 40-bed one for patients with neuroinfections, and a six-bed resuscitation department.

Yelena Grigoryevna Sakharova, chief physician of Infectious Hospital No 1, tells us: "The mandatory health insurance fund paid for our artificial kidney and pressure chamber. Previously, the resuscitation department was in a so-called adapted room; now we have normal resuscitation beds. We use hemadsorption, plasmapheresis, ultraviolet and laser radiation, xenoperfusion and cryopheresis to clean infected patient blood. Another important event was the opening of our own center for immunocorrection in patients with chronic infectious diseases. We have occupied the adjacent two-story building and installed diagnostic and therapeutic equipment there. This means that the patient will know that both clinical tests and rechecks, as well as referrals and annual check-ups will be carried out in our facility."

Yelena Grigoryevna is the organizer of the scientific-practical conferences on infectology, including the famous nurses' conference (in April of this year) which assembled more than 400 participants. If we consider that nothing like this had been organized here since 1948, this is a burst of professional interest on the part of medical workers in infectious diseases.

Ye. Sakharova continues: "Our hospital, together with the institute department, is working with firms from France and Germany (Join and Bayer), it conducts scientific correspondence on hepatitis C with London (Medicar Audit Ltd), and is in close contact with the Vector Scientific Production Association."

And it is expressly at the Vector Association that manufacture of systems for detection of hepatitis A, B, C, D and HIV-1 was set up. There is already a vaccine against hepatitis A. So that the problem depends on little, only on funds which for some reason are always in short supply whenever it is a matter of protecting people against infection. Of saving lives....

In principle, the city hall has allocated funds for the treatment of infectious cases: it just found 25 million rubles for prevention and treatment of diphtheria. But the problem of allocating funds for detection of hepatitis is still a problem. And prices are also rising for test systems (to check donor blood for hepatitis viruses). They are rising incredibly....

The photos show: Ye. G. Sakharova, chief physician of Infectious Hospital No 1; housewarming after reconstruction. Photographer Sergey Permin [photos not reproduced].

Adults Predominate Among Novgorod Diphtheria Victims

94WE0308D Moscow ROSSIYSKIYE VESTI
in Russian 15 Apr 94 p 3

[Article by Valeriya Klebanova, ROSSIYSKIYE VESTI correspondent, Novgorod Oblast: "Fine for the Chief, Diphtheria for the Citizen"]

[FBIS Translated Text] More than 70 cases of diphtheria and one death from this disease have been recorded in Novgorod Oblast over a period of three months. Mainly adults are stricken, because only 40 percent of the oblast's residents agreed voluntarily to inoculation.

In three rayons, however—Lyubytinskiy, Parfinskiy and Volotovskiy—no more than 25 percent of the inhabitants have been vaccinated.

By order of the oblast's committee for sanitary and epidemiological oversight, fines ranging from 50,000 to 100,000 rubles have been imposed on chief physicians of hospitals in these rayons, while administration heads were fined half their monthly income.

Diphtheria in Komi Republic Kills Two

LD2708112794 Moscow Russian Television Network
in Russian 1000 GMT 27 Aug 94

[FBIS Translated Excerpt] The collegium of the Komi Republic's Health Ministry has described the situation as dangerous following an outbreak of diphtheria in Syktyvkar. Out of 150 cases, two were lethal. As borne

out by the medical statistics, mainly adults who have not been inoculated are suffering from the disease.

G. Duzutsuyev, Komi health minister: The measures we are taking are quite effective and sufficient. We are in touch with Stavropol, Ufa, and Chelyabinsk regarding the vaccine and serum. Similarly, work on en masse inoculation is under way. We are treating this seriously. [passage omitted]

Officials Discuss Health Problems

94WE0308C Moscow ROSSIYSKIYE VESTI
in Russian 29 Apr 94 p 3

[Article by Mariya Yermakova: "We Are in 68th Place for Health Status"]

[FBIS Translated Text] According to data for 1993, only 30 percent of the population of Russia consume water that meets the standards. The rest drink H₂O that is hazardous to health. The levels of various toxic chemicals it contains are five or more times higher than all standards. It is not surprising that, in last year alone, there were 2992 victims in Russia who were supplied with water of poor quality. And, according to the information of specialists, the same trend will persist in the future.

The need for urgent solution of such ecological problems has made it necessary for three influential Russian organizations—Goskomsanepidnadzor [State Committee for Sanitary and Epidemiological Oversight], RAMN [Russian Academy of Medical Sciences], and Association of Russian Women-Entrepreneurs—to join forces. Holding a round table discussion on the topic of "Sanitary and epidemiological problems in Russia" was one of their joint actions. The participants included well-known specialists, scientists, organizers, representatives of the SES [sanitary and epidemiological service] and its chairman—Belyayev, Pokrovskiy—the president of the RAMN, Polskiy—deputy general director of the Radon NPO [scientific production association], Filatov—chief state physician of Moscow, and others. Deputies from the State Duma from the "Russian Women" faction and its leader—Yekaterina Lakhova, representatives of the Association of Women-Entrepreneurs of Russia, headed by its president—Tatyana Maljutina.

The slogan of the round table—"Civilization of a country is determined by the health status of the people living there"—immediately set things in their places. With respect to health status, the citizens of Russia are in 68th place in the world. And this position is largely determined by the condition of the environment, working conditions, quality of water and foodstuffs, i.e., the extent of our sanitary and epidemiological well-being. Participants in the debate also mentioned other causes for alarm: decline of discipline in medical institutions, collapse of the economy, impoverishment of many Russian people.

Judge for yourself: on the average, our diet contains only one-quarter of the required amount of protein, half the requirement for vitamin C, and about 20-30 percent of B vitamins, etc. There is even a shortage of alimentary fiber in the diet. The average Russian cannot obtain proper foods, including fruit, vegetables and animal fat. Hence, there is weakness and lack of defense against infections. Physicians are particularly alarmed by four variants of socially significant diseases. First of all, air and droplet-borne infections—pertussis, influenza, measles and diphtheria. The low level of coverage with inoculations, flippant attitude of the public toward these ailments and refusal of vaccination affect the rise in incidence of these diseases.

The next group consists of venereal diseases. About 47,915 cases of syphilis were recorded in 1993. The incidence of gonorrhea has increased by 1.5 times. What can be said? Perhaps the "sexual revolution" exceeded the boldest expectations of both the Russians and our European neighbors. The risk group includes more than 3,000,000 [translator's note: source states "3000 thousand," which is not the usual way to cite millions; perhaps a typo for 3000?] adolescents up to 14 years of age. Such acceleration is assessed by physicians as the first step towards AIDS, which also continues to strike new victims.

Acute intestinal diseases present an equally serious threat. Last year 8,233 people were stricken with them. It is growing increasingly difficult to control typhoid fever (826 cases in Russia) and dysentery (its incidence has risen by more than 25 percent). And, mainly, the pathogen of these infections is treacherous drinking water, which is laced to the maximum with all elements of Mendeleyev's table and seasoned with bacteria and microbes. So that if you do not want to find yourself in the hospital with the diagnosis of acute intestinal disease, take the trouble to boil liquids that you intend to drink.

Viral diseases are last on the physicians' black list. We refer, first of all, to group C hepatitis, the most merciless of killer viruses, since an infant born to a mother who had hepatitis C during pregnancy is doomed. Yet, according to the data of physicians, up to 5 percent of the population is stricken with this disease in some parts of Russia. Today, the situation can be stabilized only by vaccination of all neonates and adolescents in whom the course of hepatitis C is more serious. But the problem is that this virus has had time to adapt partially to the former vaccine, and development of a new, more effective "antidote" is proceeding very slowly.

This is the four-headed dragon that is raging over Russian expanses. True, it does not mean that all our other ailments are entirely innocuous. But there is no room in the newspapers to write about everything. And is that necessary? I believe that we all know or at least suspect how poorly and improperly we are living. But can this situation be changed, and do scientists know how to do it? They have developed 185 serious programs that

guarantee good health and well-being for you and me. So what happened? Alas, solid investments are needed to implement them. The state can assume funding for only 40 of them. The 145 others are, so to speak, shelved. We cannot rely on assistance from Russian businessmen. It is unlikely that wise moneybags will invest their capital in what is known in advance to be a losing proposition. The Goskomsanepidnadzor cannot help the cause either. Its own debts amount to more than 21 million rubles as of January 1994. At least, it is a good thing that members of the State Duma and mainly representatives of the "female faction" deal with unprofitable medical projects. Russian parliamentarians who attended the meeting decided to intervene and expedite examination of the package of draft laws and federal programs unclaimed thus far that deal with sanitary and epidemiological welfare of the public, and protection of their health. True, these are only intentions thus far. Time will tell whether they become deeds.

Iodine-Deficiency Diseases Rise in Moscow Area

94WE0308B Moscow ROSSIYSKIYE VESTI
in Russian 10 Jun 94 p 5

[Interview with Grigoriy Gerasimov by Galina Kulikovskaya: "Will We Be Spared Iodine Deficiency?"; first paragraph is ROSSIYSKIYE VESTI introduction]

[FBIS Translated Text] Three years ago, Natalya Mayорова, endocrinologist from Pavlovskiy Posad visited the Endocrinological Research Center of RAMN [Russian Academy of Medical Sciences] in Moscow. She brought sad news to the capital; in the city and rayon that she takes care of there has been an acute outbreak of iodine-deficiency diseases, particularly goiter. The sound of alarm has been heard. We are told about this by the administrator of the therapeutic department of the Institute of Clinical Endocrinology, Grigoriy Gerasimov, doctor of medical sciences:

An extraordinary event occurred: the report of Dr Mayорова was in contradiction to the conventional opinion that there cannot be a goiter epidemic in Moscow Oblast.

Yet the ecological situation in this region is quite favorable. There are simply no enterprises that pollute the biosphere. First of all, we decided to carry out a spot check of students at city schools 7 to 15 years of age. School children from the village of Rakhmanovo were also included in the group of patients.

Question: It is known that goiter is a disease of the thyroid gland that develops if insufficient iodine is ingested. But if the gland is "normal" as yet, how can one determine the immediate possibility of appearance of alarming symptoms?

Answer: First of all, we tested the children's urine for iodine. The results were unexpected: iodine deficiency was found primarily among rural residents.

Question: Why?

Answer: The fact of the matter is that in rural areas more "local" food is consumed—vegetables and fruit from one's own garden. Rabbits, chickens and pigs are also raised locally. The choices are wider in the city. In particular, one can always buy salt-water fish and canned seafood there. For this reason, urban residents have a normal iodine level. Although we still find a low iodine level in them.

Question: What steps were taken?

Answer: All of the schoolchildren we tested were given lipidol, which is iodized oil in capsules produced by the Guerbet firm in France. One such capsule contains 200 milligrams of iodine, a whole year's supply. The capsule is easy to swallow and passes into the "fat reservoir" in the human body. And it is there that the product is gradually broken down.

Nine months later, we repeated the tests. We found that there were fewer kids with early stages of development of goiter. The thyroid gland reverted to normal size. However, the recheck in Rakhmanovo has not yet been completed.

Question: What about the rest of the children living in this region? After all, there are probably quite a few who are sick among them? Also, why only children, adults are certainly also exposed to an epidemic....

Answer: Unfortunately you are quite right. At the request of the local combine that funded our work, we tested its employees. Conclusion: Pavlovskiy Posad is a region of endemic goiter. And if we do not take immediate decisive steps to control this condition, very soon some of our cities will be called, as did Kokand in his day, cities of cretins....

Question: Is the situation so acute?

Answer: Undoubtedly. For example, I recently returned from the Khanty-Mansiysk National Okrug. The picture is depressing. Many inhabitants have goiter in the most varied manifestations, to the extent of malignant tumors.

Today, the regions of endemic goiter in Russia are unusually extensive. They include tayga, mountain, steppe, forest-steppe regions, as well as the Urals, Siberia, Central Volga, Altay, Caucasian mountains, and all of the Nonchernozem region. The Chernozem zone is the only exception. Of course, a group of specialists is simply not in a position to solve this problem. It requires steps on a national scale. A special program.... After all, the future generations face the threat of a real disaster!

Question: Do we have such facts today?

Answer: Alas! For example, we visited Altay in the spring of last year. We drove around neighboring villages and examined about 3000 kids. In steppe regions, every other child tested by UZI [ultrasound tests?] presented thyroid pathology. But in the mountain villages, virtually the entire population has goiter.

This report may contain copyrighted material. Copying and dissemination is prohibited without permission of the copyright owners.

The village of Bobrovka in a picturesque mountain gorge stands out in my memory. There are two schools. Eleven schoolchildren are under special observation at the local medical center. One of them is already 16 years old. He attends school regularly, but obviously cannot cope with the syllabus. Diagnosis: neurological cretinism. The second one, who is 18 years old, looks like a 10-year old, and he has not even learned to count to ten. This youth has impaired coordination and his speech is not very coherent.

Answer: What is to be done?

Question: We must immediately start mass preventive measures among the inhabitants of regions where there is presently a shortage of iodine. They involve addition of iodine in the foods that are the most widespread and available to all categories of inhabitants. This refers, first of all, to salt and bread. For example, it is enough to add 25-30 parts iodine per million parts of salt to provide for normal body function....

Unfortunately, the situation is such that the production of iodized salt in our country has virtually been shut down. Its quality also leaves much to be desired. Because of improper storage and transportation, the iodine evaporates from salt very rapidly. For this reason, we proposed that local production of iodized bread be set up in Pavlovo-Posadskiy Rayon of Moscow Oblast.

If, however, someone decides to carry out such preventive measures independently, by no means should alcohol-based tincture of iodine or Lugol's iodine solution be used for this purpose. They contain too much iodine. And a surplus of iodine, like a shortage, could be harmful.

In documents of the World Health Organization endorsed by the heads of virtually all states of the former USSR, it is stated that iodine-deficiency diseases must be eradicated before the end of this century. The agenda for today is to implement these programs.

Venereal Clinic Doctor Analyzes Syphilis Incidence
94WE0308A Moscow TRUD in Russian 30 Apr 94 p 10

[Article by Olga Ganeyeva under the rubric "Your Family Doctor": "All Diseases Are Due to Nerves. Except ... Number of Syphilis Cases in Russia Has Increased by 6 Times in the Last 3 Years"]

[FBIS Translated Text] There has been an outbreak of dermatological and venereal diseases in Moscow. The causes of this "burst" are quite understandable mass migration, masses of homeless, refugees and vagrants. In our city, which has long since and apparently for a long time hence become the place of assembly for the "anti-social contingent," we residents run the risk of the unexpected, for example, scabies.

There has been exacerbation of allergic skin diseases: psoriasis, eczema, and dermatitis. And there has been an unprecedented rise in their incidence, and in the presence of ecological adversity, poor diet and stress it is not only the soul, but also the skin that is affected by all this.

They say that all diseases are caused by nerves, with the exception of In Russia, there has been more than a 6-fold increase in number of syphilis cases per 100,000 population. In this respect too, Moscow is the sad leader: last year alone the number of syphilis cases more than doubled (!). Oh well, it remains for us merely to be amazed by the boldness and courage of those who seek adventures underground and at [railroad] stations....

Be that as it may, one should not cry over venereal diseases, as well as any others, one should treat them. Preferably at the proper time. Very preferably in a professional way. Otherwise....

Patient A. was treated for syphilis by a physician in private practice four years ago. He came to a dermatovenereological institute with a serious and advanced form of the disease, with profound nervous system complications. Examination revealed that he was not treated appropriately, and the disease had been merely "alleviated" temporarily. In view of the seriousness of his condition, the patient had to be hospitalized. Now A. will be treated and under observation there for several years and, since time has been lost, there is no guarantee that he will ever be absolutely healthy.

Patient V. was treated for a year for gonorrhea by a venereologist in private practice (whom he found through a newspaper ad). Treatment was unsuccessful and, having lost a lot of time and money he turned to a dermatovenereological institute. Institute specialists, who analyzed the quality of his treatment concluded that V. had been given the wrong antibiotics (!) in the wrong dosage (!). Moreover, chlamydiosis had not been diagnosed. This "bouquet," which had been very neglected and treated amateurishly, led the young man to prostatitis, impotence and, as a result, sterility.

We could continue with the list, but let us get the opinion of specialists.

Professor Sergey Fedorov, doctor of medicine, head of the scientific-consultant diagnostic department of the Central Dermatovenereological Institute, states: "Unfortunately these are typical cases, and not only in our branch of medicine. Today, when every homegrown healer has the opportunity to advertise everywhere and anywhere, when psychics and self-educated people undertake the treatment of a disease that requires a serious laboratory and clinical base, the situation is growing simply disastrous. The fact that a person is willing to spend his last funds only to get rid of a skin or venereal disease as quickly and as "secretly" as possible is only part of the problem. If patient V., upon discovering signs of gonorrhea had immediately come to us, a

cure would have been certain. But now I would be cautious about his prognosis....

"Syphilis, an extremely serious disease that can maim a person completely, is particularly dangerous in this respect. Here we need precise and timely detection, not only by running the well-known Wassermann test, but also other comprehensive tests for which, for example, rabbits have to be raised. You must realize that a private venereologist is physically incapable of carrying out all the diagnostic tests that require both cultures and culture media, as well as many other supplies. In addition, each patient who has had syphilis must undergo serological blood tests for a year after his cure. Will he undergo such tests in private practice or a cooperative? I doubt it...."

Thus, in the opinion of specialists, the system of private treatment of venereal diseases has not proved itself. However, those in private practice—venereologists and dermatologists—are not left without work and do not experience a shortage of patients. A paradox? By no means! It is simply that our citizens have very superficial knowledge about dermatology and venereology, and they limit themselves to regional clinics—KVD [dermatovenereological centers]. But they visit them unwillingly in the fear of letting it be known what ails them, determination of contacts, and other measures that have an adverse effect on the patient's mental condition. For this reason a man (or woman) who discovers some "symptoms" and realizes that the KVD is not for him, and a third solution is not offered, heads for a private cure. Then—see above....

It is surprising that there are many who do not even know that there are State high-class clinics, such as the above-mentioned Central Research Dermatovenereological Institute of the RF [Russian Federation] Ministry of Health, where the most difficult cases of venereal and dermatological diseases are treated free of charge upon referral from rayon health centers. It has highly effective imported equipment; it makes use of lasers and acuplexotherapy, UZI [ultrasound?], intravenous irradiation of blood, etc. Qualified specialists see patients there: professors, doctors and candidates of sciences, and they work in strict confidence.

"I am not a reactionary. But the lack of limits that exists in rendering "intimate" medical services is inadmissible," says Professor Fedorov, "since today this is expressly the cause of complications in medicine and, in particular, venereology. Perhaps the licensing requirements for physicians in private practice should be more demanding. As for the patients, of course they should have the right of choice, but only between the good and the best."

Regional Conferences Urge Health, Ecology Measures

Siberia

94WE0307A Moscow ROSSIYSKIYE VESTI
in Russian 10 Jun 94 p 4

[Article by G. Kuchina, chairman of Public Committee to Save the Ob River, and Ye. Trofimovich, chairman of

Novosibirsk Department of the All-Russian Society of Hygienists and Health Inspectors under the rubric: "Prescription": "The Formerly Healthy Siberians"]

[FBIS Translated Text] Novosibirsk Oblast has a population of about 4 million, and it is in a region where ecological problems are extremely complex. Both the center and oblast have a problem with naturally occurring radon-222 due to its high levels in granite. The data of the sanitary and epidemiological service indicate that there has been repeated exposure of the inhabitants of this oblast to radiation as a result of nuclear explosions at the Semipalatinsk site. The amount of deleterious substances emitted in the air constitutes 271 kg per year per inhabitant (phenol, formaldehyde, hydrogen fluoride, chlorine, heavy metal compounds, benzopyrene and others are demonstrable in the atmosphere, in addition to traditional sulfur compounds). The public consumes very polluted water, and there is poor organization of the system of monitoring the quality and safety of drinking water; insufficient amounts of constituents are submitted to both biological and toxicological testing.

When Ob River water reaches our oblast from Altay Kray it is already polluted. The key installation in the Ob Basin, the Novosibirsk reservoir, which has low flow, cannot reliably serve as a buffer to lower epidemiological and toxic burdens. The entire water-protective zone of the Ob River, particularly in Novosibirsk, was handed over to private parties, in spite of the protests of the community, people's deputies and mayor's decree; there, construction of high-rise buildings, cutting down of forests, and tilling land down to the river banks are in progress....

In addition to worsening of sociohygienic conditions, imbalance and poor quality of nutrition, particularly of the urban population, the hazardous ecological-water situation is leading to a reduction in population size. It diminished by 16,000 people in 1993. Birthrate dropped from 19.2 to 10.2/1000, death rate rose, and natural population growth decreased. It was found that there is a high incidence and increase in abnormal development of the fetal ovum (15-19 percent) in women of the oblast and city.

In-depth examination of children of secondary school age in three schools of Novosibirsk and three rayons of the oblast revealed an 80-90 percent incidence of chronic and premorbid states that are directly related to level of environmental pollution.

In a word, we have lost our greatly praised Siberian good health. The public's capacity to withstand the growing effects of environmental pollution has been depleted. We are headed for depopulation.

The enacted laws, including the law on environmental protection, are unfortunately just declarations, since they have not been implemented in the form of legal documents.

This report may contain copyrighted material. Copying and dissemination is prohibited without permission of the copyright owners.

A few days ago, there was a conference on ecology and health in Novosibirsk. Its participants believe that the administration and environmental protection organizations must bear responsibility for the social and ecological situation in Novosibirsk Oblast as a stricken region according to medical and ecological indicators.

The conference decided to ask that the government of the Russian Federation expedite adoption of water legislation. It also suggested to the heads of the Altay Republic, Altay Kray, Novosibirsk, Omsk, Tomsk, and Kemerovo oblasts, Upper Ob and Lower Ob water-management administrations that they organize and fund a comprehensive ecological program to improve the sanitary condition of the main waterways of the Ob basin and Novosibirsk reservoir.

Other decisions of the conference include addressing the presidium of the Siberian Department of the Russian Academy of Medical Sciences with the request to establish a reproductive health and prenatal diagnosis laboratory to deal with the federal problem of "Underweight Babies."

Northern Regions

94WE0307B Moscow ROSSIYSKIYE VESTI in Russian
20 May 94 p 3

[Article by Alisa Gadasina under the rubric: "International Year of the Family" in ROSSIYSKIYE VESTI appendix for those who wish to be in good health: "Social Climate of the North"]

[FBIS Translated Text] "Those are the lyrics of the song, but one should not heed the call, because it is hazardous to life, we are warned by participants of the international congress on "The Russian North: Family, Children, and Ecology," which convened at the initiative of the Russian Women's Union, with the participation of the RF [Russian Federation] National Committee to declare the International Year of the Family, ministers of social protection, nationalities, labor, etc.

The purpose of this congress, which was organized within the framework of the International Year of the Family declared by WHO, is to join forces to improve the socioeconomic situation in the Russian North, and call the attention of the Federal Meeting, Government, RF president and the community to problems of family, women, children, and ecology of northern regions.

In recent years, the problems of the North have become increasingly often the object of attention on the part of scientists, politicians and entrepreneurs. Specially targeted programs—"Children of the North," "Health Status of Northern Peoples,"—and the RF law "On State guarantees and compensation for individuals working and residing in the Extreme North and comparable regions," but unfortunately, we must state that they have not improved social protection of residents of the North, since they are not adequately funded. The "State program for development of the economy and culture of

small ethnic groups in the North in 1991-1995," which not only impinges upon the rights of small ethnic groups, but also leads to breakdown and virtual cessation of agriculture in northern territories.

The situation in this region, which occupies 65 percent of the nation's territory and is a unique part of our planet has become critical in recent years. The industry of the North, which is the main "store room" of raw material resources of Russia and gives the nation more than half its hard-currency receipts, is on the brink of collapse due to excessively high prices for energy carriers, mutual failure to make payments, bankruptcy of enterprises and increasing unemployment.

Many years of intensive and barbarian exploitation of raw material resources without consideration of social, demographic and ecological consequences has led to dramatic worsening of living conditions of the indigenous ethnic groups and specialists placed entire regions on the brink of an ecological disaster.

More than 2 million of the 11 million residents of the North are children and adolescents. This is the most vulnerable and unprotected population group. The problems that are particularly serious are those pertaining to children of small ethnic groups, due primarily to the extreme climate, extreme neglect of matters pertaining to social conditions, dramatic worsening of ecological conditions, slow development of traditional farming, living conditions and culture.

According to most social indicators, children and adolescents stemming from small ethnic groups are in a worse situation than their peers in other parts of Russia. The infant death rate there is 1.7 times higher than the overall indicator for Russia, indicators of physical and mental development are worse, and this is attributable to the extremely adverse living conditions of children at home and in boarding schools, unbalanced diet, etc. In northern regions, the mortality rate among pregnant women is 30 percent higher and infant death is 11 percent higher than in Central Russia.

The situation is aggravated by the fact that a considerable share of the northern population is indigenous, with its inherently different life style, low level and quality of education and vocational training, acute problems of rearing in the home, widespread and increasing negative social phenomena: alcoholism, crime, etc.

In view of the situation that has developed in the North and in order to attenuate the social tension, the congress addressed the following request to the Federal Meeting:—to accelerate development and adopt legislative instruments to regulate socioeconomic development of the North, in particular, the RF Law "On the economic status of the North";—to provide in the budget special funding for programs that have already been approved.

The conference participants also addressed suggestions to the RF Government: to coordinate plans for industrial

development of the North with plans for social development of the region and single out as a priority direction development of the social infrastructure to provide protection and development of children and socially acceptable living conditions for families, to fund programs already approved from the federal budget and, first of all, the "Children of the North" program; to carry out a thoughtful and wise policy to protect the social, economic and cultural rights of people of the North, including small ethnic groups; to implement improvement of their working and living conditions; to provide guarantees of respect for their originality, traditions, and customs; to take steps to prevent infractions of rules for utilization of natural resources; to consider existing legal standards in decisions being made.

The congress appealed to social movements, political parties, women's trade-union and ecological organizations to cooperate in every way with local executive agencies, to express initiative in development of their own programs to assist women and children, to demand immediate enactment of the Law "On ecological safety of Russia."

Foreign nongovernment organizations participated in the work of the forum: International Union of Organizations for Family Assistance, representatives of the female community of the United States, Great Britain, Norway, Finland and other countries, as well as parliamentarians, scientists, public and State figures, representatives of administrations, institutions, women's councils of northern and other regions of Russia.

Infectious Disease on Rise in Petersburg

944F1303B St. Petersburg SANKT PETERBURGSKIYE
VEDOMOSTI in Russian 17 Aug 94 p 1

[Unattributed report: "Health Care Professionals Are Concerned Over the Rise of Infectious Diseases"]

[FBIS Translated Text] Over the past two weeks, the situation with respect to infectious diseases in St. Petersburg became dramatically more acute, in particular, with respect to dysentery.

This was announced yesterday at a press conference held at the city disease control center. According to chief epidemiologist Oleg Parkov, this disease has acquired much more severe forms, and, over seven months of this year, 40 persons died of dysentery. The investigation conducted by physicians led to a conclusion that most patients catch the disease at their dacha and garden plots from drinking untreated water.

The physicians also are concerned over the increased incidence of viral hepatitis A. This indicator in our city is 1.5 times higher than the republic average. The incidence rate is especially high in Admiralteyskiy and Kirovskiy Rayons of St. Petersburg. In this connection, a decision was made to vaccinate all children between three and 10 years of age with immunoglobulin.

The Danger of Cholera Being Brought in Remains

"There is a real danger today of 'importing' such a grave disease as cholera. In any case, we should prevent a mass outbreak of this disease," says Galina Volkova, city DCC [disease control center] chief specialist for especially dangerous infections.

The main source of this disease today is Dagestan. According to the current data, 474 incidents of the disease have already been registered there, 15 of them fatal. The disease has spread to about 20 population centers. A decision has been made to declare a quarantine on the entire territory of Dagestan. Its residents will be prohibited entry and exit; export of juice and milk from the republic has been suspended, although produce will continue to be sold.

All flights and trains arriving from Dagestan to our city are met by health care officials; goods are checked, and passengers examined.

The Botkin Hospital is currently ready to accept patients diagnosed with cholera; fortunately, so far no incidents have been registered in St. Petersburg.

Before 10 August, analyses of water had been done in St. Petersburg and the oblast in places of mass swimming; water was tested for cholera vibrio. It was discovered only in three Suzdal lakes. Although physicians established that this vibrio type cannot cause an outbreak of cholera, the lakes were closed to swimming.

St. Petersburg health care professionals warn that one can get infected by cholera through contact with a patient, through water, and unwashed food. To keep the danger of infection to a minimum, they recommend using only boiled water, factory-packaged food, and drinks and avoid buying food from casual sellers.

The City DCC's Warning

Since the beginning of the year, there were 1,970 incidents of salmonella infections in our city. Two of them had a fatal outcome. The number of persons who had been ill with diphtheria increased 1.5-fold. Of the 1,339 persons who had this disease, 31 died. The incidence of whooping cough also is up. While in 1993, 1,591 cases were registered, this year this figure increased to 4,454. Physicians continue to be concerned over the rise in venereal diseases. Over seven months of this year, 3,625 cases of syphilis already have been registered. This is almost twice as much as over the entire last year. There is also an increase in the number of persons who tested HIV-positive. And, although the official statistics do not show any persons having died from AIDS this year, an agency correspondent learned that yesterday one St. Petersburg resident died in the Botkin Hospital from this horrible disease. He was a 49-year-old man, physician by profession, and had contacts with foreigners for more than five years. He died a week after contacting a venereal disease clinic. Overall, 16 AIDS patients and 17 HIV-positive persons are currently registered in our city.

Interview With Academician Domaradsky on Epidemics

94WE0331A Moscow MOSCOW NEWS in English
17-23 Jun 94 p 12

[Interview with Academician Igor Domaradsky by Vladimir Umnov; first paragraph MOSCOW NEWS comment]

[FBIS Transcribed Text] Will Russia be swept by dangerous epidemics? Igor Domaradsky, Full Member of the Russian Academy of Medical Sciences and the Academy of Natural Sciences, shares his views.

I have worked a great deal in infectious areas, and there were always scandals at the local public health agencies, since cholera was considered to have been eradicated in the USSR. They did all kinds of tricks, such as reclassifying patients as carriers or suspects or simply not registering them at all. For a long time they did not always report the actual number of cases to the World Health Organization (WHO). The general rule is that EACH case of cholera should be reported by all countries to the WHO.

The situation has since changed. It does not pay to conceal cases of disease—why miss a chance to obtain additional money?

We know that cholera is spread throughout the former USSR. What is interesting is not why it persists but why it has not spread further in our poor ecological and hygienic conditions.

In the former USSR infected areas are scattered over a territory of more than 200 million hectares. The so-called united antiplague system was set up back in 1918. At the first stage the main tactics was limited to the extermination of rodents on large territories. I worked in Transbaikalia where large quantities of toxic agents were left after World War I, which were used to poison rodents by putting a cotton tampon into every hole in the ground. Then poisoned bait was thrown from planes, which helped to fight rodents over large territories of Central Asia and Kazakhstan.

It worked: rodents died. But after some time they re-emerged. It was impossible to eradicate the plague in this way; the improvement of the situation was illusory. Now diseased areas are multiplying not in Russia but also in other countries.

The main problem is that scientists have so far failed to find out why epidemics break out and then die out. During World War II, for instance, there was no plague despite there having been "favorable" conditions. There are many hypotheses. Suffice it to mention Alexander Chizhevsky, who studied epidemics over millennia, and linked them with the cycles of solar activity.

If the flare-ups of epidemics do not depend on humans, why is it necessary to maintain a vast system comprised of institutes, stations and hospital wards?

This is done in order to control the situation. The system is now underutilized, but it could do much more. For instance, it could contribute to the solution of many ecological problems. It was partially engaged by the so-called 5th problem, or the Soviet military bacteriological program.

Officials of sanitary services have recently seemed perplexed and frightened. Are their fears exaggerated?

They probably realize that, if anything happens, they will have to answer first. Nobody will ask them why they did not buy what was necessary, did not ask for money, did not bang the table with their fist... Allocations for sanitary services have been slashed. Russia is still short of laboratory facilities, there are no bacterium preparations, and if they appear, they are of a very poor quality and much too expensive. The qualification of the average physician is very low, his horizon is much too narrow, and the knowledge acquired at a medical college is altogether insufficient.

So ordinary people should sleep peacefully?

The probability of a disease remains, but I don't think it is greater than before.

Tajik Refugees Bring Risk of Lice-Borne Diseases to Yekaterinburg

94WE0302A Moscow KOMMERSANT-DAILY
in Russian 21 May 92 p 21

[Article by Viktor Smirnov: "Evacuation of Refugees from Yekaterinburg—Municipal Authorities Frightened by Epidemics"; first paragraph is KOMMERSANT-DAILY introduction]

[FBIS Translated Text] Fearful of an outbreak of infectious diseases, Yekaterinburg administration took action to evacuate 250 Tajik refugees begging on the city streets. The last group of refugees was placed on a long-distance train yesterday under the supervision of the militia and sent back to their homeland.

According to the information of law-enforcing agencies. Tajik refugees arrived to Northern Urals more than six months ago from the village of Tugulanskiy in Kurgan-Tyubinsk Oblast of Tajikistan. Upon their arrival, they refused the suggestion of the local migration center to acquire the official refugee status and make a permanent residence in a rural rayon of Sverdlovsk Oblast, where the authorities were willing to offer them vacant houses and financial aid to engage in farming. The refugees were quite satisfied to be beggars, and according to data of the militia each of them collected up to 25,000 rubles per day from passers by.

After inspecting the temporary residences of the Tajik citizens (in a few private homes, a school undergoing repairs, and the railroad station), representatives of the sanitary and epidemiological service were literally horrified. Several dozen refugees lived in small private

homes, and they had transformed the grounds into a garbage dump. Physicians found lice on virtually all of the refugees. In the opinion of the chief State health inspector [physician] of Yekaterinburg, Vladimir Chirkov, there was a real danger of spread in the city of diseases that were not typical for the Urals: typhoid fever, typhus, plague and cholera.

The city administration asked the Tajiks to leave the city as soon as possible. In spite of the dissatisfaction of train conductors, within a few days all 250 refugees were sent to Tajikistan in small groups, under the supervision of the militia. Telegrams were sent beforehand to all of the major stops along the train's itinerary, with the request to check that the Tajiks would reach their destination.

The administration of Yekaterinburg took immediate steps to develop a local legislative document regulating residence of refugees in Yekaterinburg.

Tropical Disease Detected in Siberia

94P60384B Moscow PRAVDA in Russian 17 Aug 94 p 5

[Unattributed news report, "Tropical Disease in Siberia"]

[FBIS Translated Text] Eight malaria cases have been registered. According to doctors, the tropical infection was brought to Siberia by migrants from Tadzhikistan, where the "northernmost" malaria mosquitoes live.

ARMENIA

Measures Against Diphtheria Successful; No Cholera Cases

NC2208202594 Yerevan Armenia's Radio First Program Network in Armenian 1900 GMT 22 Aug 94

[FBIS Translated Text] The sanitary-epidemiological situation in Armenia remains stable. Ararat Mkrtchyan, deputy health minister and sanitary chief doctor of the Republic, stated today that the diphtheria outbreak has started to abate thanks to measures taken and mass vaccination of the population. No cases of diphtheria have been observed in the last 20 days.

As is known, waste and drinking waters mingled in Yerevan's Shengavit district because of an accident recently. As a result of this, more than 40 people who developed [word indistinct] intestinal diseases were taken to the hospital. Ten of them were infected. [words

indistinct] At present, every measure is being taken to eliminate the source of the infection.

The doctors are advising people to refrain from using unboiled water for the time being.

Ararat Mkrtchyan again refuted reports on the discovery of cholera bacteria in Yerevan reservoirs.

Ministry Reports Three Cases of Anthrax

LD1808120794 Moscow ITAR-TASS in English 0906 GMT 18 Aug 94

[By ITAR-TASS correspondent Tigran Liloyan]

[FBIS Transcribed Text] Yerevan August 18 TASS—The Armenian Agriculture Ministry has set up an emergency commission to fight anthrax after three cases of the disease were reported in the republic.

The head of the Armenian veterinary inspection, Vazgen Galoyan, told ITAR-TASS that the ministry is taking all measures to prevent the spread of anthrax and has at its disposal all necessary means to fight it.

GEORGIA

First Case of Cholera Registered; TB Spreading

LD2008203594 Moscow Russian Television Network in Russian 1900 GMT 20 Aug 94

[From the "Vesti" newscast]

[FBIS Translated Text] Talk has been increasing lately about the threat of cholera. Unfortunately, Georgia has not escaped the disease. Georgia's Health Ministry has reported that the first case of cholera has been registered.

The railway health care staff have begun an uncompromising struggle against the spread of this dangerous illness. First aid stations and posts have been set up at the central and other rail stations in Tbilisi; however, the dirt and disorder at Tbilisi's railway station waiting halls are hampering the struggle against the cholera bacilli.

It has been reported by the city's main directorate for health that tuberculosis is now spreading in Tbilisi. The health centers and hospitals are failing to provide even the minimum required for in-patient treatment, and there is a shortage of medicine and diagnostic equipment.

UKRAINE

Eight HIV Cases in Donetsk

94WE0337A Donetsk AKTSENT in Russian 6 Jul 94
p 1

[Article by N. Kalimbet, physician specializing in infectious diseases at oblast center for AIDS prevention and control: "What Do We Need to Know About AIDS?"]

[FBIS Translated Excerpt] How many HIV infected people live in Donetsk Oblast?

Eight. Almost all of them have some manifestations of disease. Some have been infected for 7-8 years, others for 1-2 years.

How were they infected?

For our infected cases three of the four main routes of transmission were elicited: transfusion of blood and blood preparations (in this case the disease develops the most rapidly. Two people infected via this route have already died).

Through sexual contacts, both anal and vaginal. In this case the risks of infection increases if inflammatory or venereal diseases are present. The combination of HIV infection and syphilis causes more aggressive course of both diseases.

From an infected mother to the infant during nursing (infection can occur during the gestation period and labor).

When does infection not occur?

The virus cannot spread through saliva. It is not transmitted through chance and commonplace contacts between people. There are no grounds to believe that the virus could be transmitted by mosquitoes, lice, or bedbugs. Infection cannot occur in a swimming pool, through shared kitchen utensils, dishes, food, toiletry items, or by simply being in the same room with someone who is HIV positive.

These people live among us. Their number will increase, and one should have a rational attitude toward this fact, and take care of preventive measures first of all. HIV infected people should not become outcasts in our

society, tomorrow we could be in their shoes. These people have the right to expect moral and material support and kindness from people around them.

There is no insurance against infection. It could have already happened. One can be tested for HIV, anonymously if desired, in the confidential office of the oblast center for AIDS control at the following address: Donetsk, ... [illegible], our phone is 66-71-47. You will get the test results within a day.

Second AIDS Case Registered in Simferopol

94P60384C Simferopol KRYMSKAYA PRAVDA
in Ukrainian 26 July 94 p 1

Article by S. Nykolayeva, "AIDS Doesn't Sleep"]

[FBIS Translated Text] An AIDS case has been discovered in Yalta during an anonymous examination. Because of the anonymity of the examination, all that is known about the patient that it is a man. This is the second case in the city since this terrible disease first appeared in the Crimea. It can only be speculated whether the human immunodeficiency virus carrier belongs to sexual minorities or prefers contacts with women. Liaisons develop rapidly at resorts, and the threat of infection is great.

UZBEKISTAN

Supply of Medicines Critical in Republic

LD2208094694 Moscow Radio Rossii Network
in Russian 0700 GMT 22 Aug 94

[FBIS Translated Text] The situation in Uzbekistan regarding the supply of medicines to the population is critical, the republican association Doredormon, which supplies medicines to state pharmacies and medical institutions, told INTERFAX.

According to information received, Uzbekistan's pharmaceutical enterprises meet only 8.5 percent of the republic's needs for medicines. The rest is bought abroad. Moreover, during checks on the pharmacy network, numerous instances of medicines being resold to dealers for profit were uncovered. Even medicines coming from other countries as humanitarian aid end up on Uzbekistan's black market.

CYPRUS

Health Minister Denies Media Reports of Epidemics*TA1808120994 Nicosia Bayrak Radio in Turkish
1030 GMT 18 Aug 94*

[FBIS Translated Text] Health Minister Ergun Abdullah Iltac has declared that no cholera cases have been diagnosed in the Turkish Republic of Northern Cyprus and that there is no question of such a danger. Iltac made a statement to Bayrak Radio and Television in connection with recent press allegations regarding epidemics.

Pointing out that only one person was diagnosed with malaria, which was contracted abroad, and another with typhus, Iltac remarked that his ministry is waging an effective struggle against all types of contagious diseases and everything is under control. The events are being exaggerated, the minister charged, asking citizens not to panic or worry. Iltac explained that health teams constantly conduct inspections.

Iltac recounted the work being conducted by the Health Ministry in cooperation with other ministries to purify the drinking water and fight insects. He also commented on steps the citizens themselves can take in the area of cleanliness.

DENMARK

AIDS Figures Published: Too Few EU Funding Requested*BR2208145594 Copenhagen DET FRI AKTUELT
in Danish 19 Aug 94 p 21*

[Article by Research Minister A. O. Andersen and Health Minister Torben Lund: "Too Few Danish AIDS Researchers Are Seeking EU Funding"]

[FBIS Translated Excerpts] HIV and AIDS have been part of the world picture for more than 10 years now. According to the latest statistical survey, the total number of AIDS victims in Denmark is now up to 1,427, of whom 1,071 are dead. The overall total of HIV-positive persons in Denmark is estimated at around 5,000. [passage omitted]

There is no doubt that HIV/AIDS is such a serious problem that it must assume a high priority in Danish research.

The latest survey shows that the total spent on medical and health-related research in Denmark is 1.5 billion kroner, 45 million kroner of which goes directly on HIV/AIDS research.

On top of the research institutions' own funds spent in the HIV/AIDS sector, the State's Scientific Health Research Council allocated 2.4 million kroner for AIDS research in 1993 and has already used 1.9 million kroner for this purpose in 1994. [passage omitted]

In the EU's current biomedical research program approximately 200 million kroner has been earmarked for AIDS research. There are 19 Danish research teams taking part in projects within the framework of this research program. In the current research program running from 1994 to 1998, these funds will be increased 150 percent. The problem is just that too few Danish researchers are applying for EU funding. [passage omitted]

New Fund for Helping Children With HIV*94P21131A Copenhagen BERLINGSKE TIDENDE
SONDAG in Danish 21 Aug 94 p 7*

[Article by Jesper Elle: "HIV Children Living Hidden Existence"]

[FBIS Translated Text] Since August 1990, the National Center for Disease Control has registered 20 children with HIV. Most are under four years old. The children constitute 1 percent of all new HIV cases. Control and treatment is centered at respectively Hvidovre and Marselisborg Hospitals, where 25 infected children currently are being monitored. Over half of the infected children die before their second birthday.

The approximately 25 children in Denmark who are infected with HIV are being forced to live a hidden existence from fear of outside reaction.

"The children are living in a hidden small community where their illness is kept secret from those other than their nearest family," says social worker Mogens Ekenberg of Marselisborg Hospital in Aarhus.

Together with senior physician Axel Moller and nurse Hanne Gyldenlove, who is contact person for all HIV-infected children in Jutland, he has taken the initiative to form a support group with the objective of establishing an HIV-Children's Fund, which is to help the children to a better life.

"The children do not constitute an infection risk for others. Therefore those involved with treatment support all efforts to ensure that they have the possibility to live a normal existence. The care givers recommend, however, that a child wait before entering a day care institution until reaching age three. Only then is the immune system developed sufficiently so that the child is strong enough to deal with the small infections naturally found in coming into contact with other children," underlines Ekenberg.

The idea for the fund comes from a patient at Marselisborg Hospital, Hans Jorgen Juul Christensen, who himself has AIDS. He has donated 10,000 kroner in start-up capital for the fund, which is to ensure HIV-infected children a good existence, together with their parents, in the form of, for example, vacations and trips, as well as gifts for inpatient children.

GERMANY

Revolutionary Testing Equipment Seen Applicable to HIV Detection

BR2508103294 Berlin DIE WELT in German
29 Jul 94 p 7

[Article by Klaus Wilhelm: "Certain Proof of Viruses and Molecules"]

[FBIS Translated Text] Gttingen—The normally rather reserved Max Planck Society promised a scientific "sensation": With the measuring method developed by Nobel laureate Manfred Eigen of the Gttingen Max Planck Institute (MPI) for Biophysical Chemistry and Rudolf Rigler of the Stockholm Carolingian Institute the scientists are able to trace within seconds the particles of a single sugar lump dissolved in the Starnbergersee [a lake near Munich].

A fast and certain proof of molecules, viruses and bacteria has thus become possible. The "fluorescence correlation spectroscopy", called FCS for short, opens previously unknown analytical dimensions. The recently completed device could "conquer important fields of application" within a few years, hopes Rigler. For example, a safe, affordable routine test could be developed that would furnish exact results even if just one single HIV virus were in the bloodstream.

After Eigen and Rigler had worked on the method's principle for over 25 years, only the development of modern laser technology and optics allowed the practical implementation. The researchers trace the wanted molecules by first "marking" them with a known antibody coupled, in turn, with a fluorescence pigment. This prepared sample is hit by a laser beam from the path of rays of a brightening microscope. The beam's light is now so concentrated that it has the volume of a cube with an edge length of one thousandth of a millimeter when hitting the sample. One of the wanted particles will "stray" relatively rarely into this minimized measuring space - a desired effect to prevent a mass of signals. Stimulated by the laser, the pigment then emits a shower of light: It fluoresces, easily detected by a flickering in the microscope. Via an interposed photo amplifier the individual signals reach a computer that identifies the molecules and calculates their concentration. The FCS device furnishes usable signals even if only a single particle wanders through the measuring volume. That is one thousand times below the detection limit of all current standard methods. But in addition, the researchers can expand the measuring period of the wanted particles and, if necessary, "lay in waiting" for them for hours, which further increases the sensitivity.

TURKEY

Deaths From Cholera Reported in Southeast

NC1708194394 Istanbul OZGUR ULKE in Turkish
13 Aug 94 p 12

[FBIS Translated Excerpt] New cases of cholera have been surfacing one after another in recent days. Despite

the gravity of the situation due to the dangerous nature of the disease, all the officials, from the health minister to provincial governors to doctors, are continuing to keep silent and are spreading false information as if by agreement.

Some 17 people in Zokeyt County in Kurtalan District of Siirt, three in Dilovasi County of Gebze, and three others in Silvan District of Diyarbakir have died of cholera. Some 150 people are being treated in various hospitals in Ankara. In the meantime, Dr. Ozen Asut, deputy president of the TTB [Turkish Physicians Union] Central Committee, called on the Health Ministry to provide correct information to the population.

There is an increase in the number of cholera patients who are coming into Diyarbakir from the surrounding districts and towns. It is reported that these cases are being kept secret by the Research Hospital of the Medical Faculty of the Dicle University and that they are being registered as cases of "intestinal infection," or "typhoid." [passage omitted]

Government Accused of Covering Up Cholera Epidemic

NC1708195094 Istanbul OZGUR ULKE in Turkish
14 Aug 94 p 8

[FBIS Translated Excerpts] While cholera, which is known to be a tribal plague of the Dark Ages, is seriously threatening the public health, government officials are adamantly refusing to admit its existence. Some 2,000 people have been taken to various hospitals in Dilovasi County in Kocaeli's Gebze District because of a cholera epidemic, and the patients are being treated with "Tetrasiklin," "Trimetoprim," and "Suljametazol," which are used in cases of cholera.

Indicating that in addition to the war, a cholera epidemic has also been heaped upon the people in the "Region" [Kurdish-inhabited southeast], the Diyarbakir Human Rights Association called on the officials and health organizations to show sensitivity to the problem.

Following the epidemic in Dilovasi County, a "Crisis Center" was set up at Dilovasi Health Center. Some 40 doctors and five fully-equipped ambulances are working there. It is being reported that the mosques are calling on people to undergo medical checkups, the ambulances are insufficient to carry the patients to hospitals in Kocaeli and Istanbul, and that municipal buses and private vans are being used for this purpose. [passage omitted]

Minister Mentese Refused To Name the Disease

Moved by the concern that the cholera epidemic might put Turkey in a very difficult position before the international community, Interior Minister Nahi. Mentese claimed that their study has shown that no cases of dangerous or contagious intestinal infections has been discovered. [passage omitted]

WHO To Investigate Cholera Cases

NC1608201294 Nicosia Cyprus Broadcasting Corporation Radio Network in Greek 1900 GMT 16 Aug 94

[FBIS Translated Text] The World Health Organization [WHO] announced that it has been informed by two of its member countries that each one of them had a case of cholera in tourists returning from Turkey. WHO announced that it is in contact with Turkey in order to clarify the issue. The Greek Health Ministry in conjunction with the Greek Foreign Ministry made its concerns known to European Union health ministers, asking for implementation of a common health policy on the issue. The cholera epidemic in Turkey has caused fear and panic, and many tourists have left the country despite the Turkish Government's efforts to convince everyone that it is not cholera.

The cholera epidemic in areas of central Asia and Turkey is now spreading to Russia. According to INTERFAX news agency, four persons died of cholera in the autonomous Republic of Chechnya. In Caucasus, more than 500 cases have been reported. Chechen authorities asked Arab countries of the Middle East for emergency aid in medicines. Measures to prevent the spread of cholera have also been taken in Moscow.

Head of Doctors Syndicate Says 500 Cholera Cases in Ankara

TA1808154494 Ankara ANATOLIA in English 1520 GMT 18 Aug 94

[FBIS Transcribed Text] Ankara, Aug. 18 (A.A.)—The head of the Turkish Doctors Syndicate, Dr. Selim Olcer, on Thursday said that cholera is a serious disease and that more than 500 cases have been reported in Ankara.

Olcer told reporters that an examination of intestinal infectious cases revealed that some of these cases were cholera, adding everyone should be prepared for such infections which recur every summer and take precautions against it.

'This is a serious sickness, but there is no need to panic as Turkey has the necessary facilities to overcome it,' he said.

Assistant head of the syndicate, Dr. Ozlem Asut said that the water distribution network in Ankara was not contaminated.

'However,' Asut said, 'in Istanbul 80 percent of the water network does not have any trace of chloride,' adding some water sources are very dirty and unpurified.

He said that in Izmir or other coastal cities there are no reports of any such cases.

Health Ministry Denies Any Cholera Cases

TA1808110594 Ankara TRT Television Network in Turkish 1000 GMT 18 Aug 94

[Announcer-read report over video]

[FBIS Translated Text] Ahmet Miski, Health Ministry deputy under secretary, has declared that there are no reported cases of cholera in any part of Turkey. In a news conference in Ankara today, Miski said that the Health Ministry adopted all the necessary measures in all parts of the country.

Health Minister Denies Incidence of Cholera; Announces New Hospital

TA2108100294 Ankara TRT Television Network in Turkish 2130 GMT 20 Aug 94

[Announcer-read report]

[FBIS Translated Text] Health Minister Dogan Baran has declared that there are certainly no cholera cases in Turkey, adding that allegations to this effect are misleading the public. Baran toured Dilovasi subdistrict in Kocaeli's Gebze District, where there is an epidemic of acute intestinal infection, and the Gebze State Hospital.

In a statement in Gebze, Baran noted that claiming the existence of nonexistent cholera cases in the country will harm both the general health of the people and the public order. The minister announced: I am saying this as the most authoritative source. There is no such thing.

Pointing out that Gebze District has health problems because of extensive immigration and these problems are being approached meticulously, Baran added that the cornerstone of a 500-bed state hospital will be laid as soon as possible.

This is a U.S. Government publication. Its contents in no way represent the policies, views, or attitudes of the U.S. Government. Users of this publication may cite FBIS or JPRS provided they do so in a manner clearly identifying them as the secondary source.

Foreign Broadcast Information Service (FBIS) and Joint Publications Research Service (JPRS) publications contain political, military, economic, environmental, and sociological news, commentary, and other information, as well as scientific and technical data and reports. All information has been obtained from foreign radio and television broadcasts, news agency transmissions, newspapers, books, and periodicals. Items generally are processed from the first or best available sources. It should not be inferred that they have been disseminated only in the medium, in the language, or to the area indicated. Items from foreign language sources are translated; those from English-language sources are transcribed. Except for excluding certain diacritics, FBIS renders personal names and place-names in accordance with the romanization systems approved for U.S. Government publications by the U.S. Board of Geographic Names.

Headlines, editorial reports, and material enclosed in brackets [] are supplied by FBIS/JPRS. Processing indicators such as [Text] or [Excerpts] in the first line of each item indicate how the information was processed from the original. Unfamiliar names rendered phonetically are enclosed in parentheses. Words or names preceded by a question mark and enclosed in parentheses were not clear from the original source but have been supplied as appropriate to the context. Other unattributed parenthetical notes within the body of an item originate with the source. Times within items are as given by the source. Passages in boldface or italics are as published.

SUBSCRIPTION/PROCUREMENT INFORMATION

The FBIS DAILY REPORT contains current news and information and is published Monday through Friday in eight volumes: China, East Europe, Central Eurasia, East Asia, Near East & South Asia, Sub-Saharan Africa, Latin America, and West Europe. Supplements to the DAILY REPORTs may also be available periodically and will be distributed to regular DAILY REPORT subscribers. JPRS publications, which include approximately 50 regional, worldwide, and topical reports, generally contain less time-sensitive information and are published periodically.

Current DAILY REPORTs and JPRS publications are listed in *Government Reports Announcements* issued semimonthly by the National Technical Information Service (NTIS), 5285 Port Royal Road, Springfield, Virginia 22161 and the *Monthly Catalog of U.S. Government Publications* issued by the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

The public may subscribe to either hardcover or microfiche versions of the DAILY REPORTs and JPRS publications through NTIS at the above address or by calling (703) 487-4630. Subscription rates will be

provided by NTIS upon request. Subscriptions are available outside the United States from NTIS or appointed foreign dealers. New subscribers should expect a 30-day delay in receipt of the first issue.

U.S. Government offices may obtain subscriptions to the DAILY REPORTs or JPRS publications (hardcover or microfiche) at no charge through their sponsoring organizations. For additional information or assistance, call FBIS, (202) 338-6735, or write to P.O. Box 2604, Washington, D.C. 20013. Department of Defense consumers are required to submit requests through appropriate command validation channels to DIA, RTS-2C, Washington, D.C. 20301. (Telephone: (202) 373-3771, Autovon: 243-3771.)

Back issues or single copies of the DAILY REPORTs and JPRS publications are not available. Both the DAILY REPORTs and the JPRS publications are on file for public reference at the Library of Congress and at many Federal Depository Libraries. Reference copies may also be seen at many public and university libraries throughout the United States.

END OF

FICHE

DATE FILMED

29 NOV 1994